PSYC 339

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# Welcome

This is the course book for **PYSC 339: Mental Health and Adjustment**. This book is divided into thematic units of study to help you engage with the materials. The course resources and learning activities are designed not only to help prepare you for the course assessments, but also to give you opportunities to practice various skills.

Please read the full **Course Syllabus** located on the Course Home page in Moodle. It includes key information about the course schedule, assignments, and policies.

# Course Learning Outcomes

After successfully completing the course, you will be able to:

1. Have a preliminary understanding of how to work with emotional and physical trauma and be able to articulate the effect trauma has on the brain.
2. Interact with addictions through a grounded and compassionate lens.
3. Discuss grief and loss on a personal level and a cultural (North American) level.
4. Demonstrate a preliminary knowledge of the main mental health crises and know where to engage with resources around these crises.
5. Recognize, respond and engage with stress and begin to formulate your own ideas on what wellness and thriving look like.
6. Articulate and understand what talking about spirituality looks like in the therapy room and what some of the various approaches to doing this are.

# Course Learning Evaluation

Assignment

% of Grade

Connection to CLOs

Due Dates

1. Term Paper

* 35%
* 1, 2, 3, 4, 5, 6
* Last day of class
  1. Oral Presentation
  + 20%
  + 1, 2, 3, 4, 5, 6
  + Week 6
    1. Case Conceptualization
    - 20%
    - 1, 2, 3, 4, 5, 6
    - Week 2 (1) Week 3 (2) Week 4 (3) Week 5 (4) Week 6 (5) Week 7 (6)
      1. Forum Discussion Participation
      * 25%
      * 1, 2, 3, 4, 5, 6
      * Week 2 (1) Week 3 (2) Week 4 (3) Week 5 (4) Week 6 (5) Week 7 (6)

# Required Texts and Materials

## Required

* *In the Realm of Hungry Ghosts* by Gabor Mate
* *Emotionally Focused Family Therapy* by Adele LaFrance

## Recommended

* *Being Mortal* by Atul Gwande
* *The Body Keeps the Score* by Bessel Van der Kolk
* *Counseling and Christianity: 5 Approaches* by Stephen Greggrio & Timothy Sisemore

# Course Policies

## Academic Integrity and Avoiding Plagiarism at TWU

One of the core values of Trinity Western University is the integration of academic excellence with high standards of personal, moral, and spiritual integrity. The University considers it a serious offence when an individual attempts to gain unearned academic credit. It is the student’s responsibility to be informed about what constitutes academic misconduct. For details on this, and on identifying and avoiding plagiarism go to the University Policy on [Academic Misconduct & Fraud](https://www.twu.ca/about-us/policies-guidelines/university-policies/academic-misconduct-fraud).

Also watch these presentations to help you understand what is plagiarism and how to avoid it.

* <https://prezi.com/od62fxnkbmxh/plagiarism-how-to-get-it-out-of-your-life/> (Prezi presentation)
* <http://bit.ly/1p00KX3> (Google Slide presentation offering more comprehensive information)

## Artificial Intelligence Policy Excerpt

It is vitally important that you understand the purpose of your Christian Liberal arts university education at TWU. In order to equip you to think truthfully, act justly, and live faithfully for the good of the world and the glory of God, we know that you must grow in your ability to engage in geunine critical thinking, generate original work, and express your own ideas in an organized and clear manner. Quite simply, generative AI tools can shortcut that process. We urge you to avoid thinking of your education as transactional (produce something, get a grade, get a degree) and instead consider it as transformational (helping you to become a better human being).

At the same time, we also understand that we are preparing you for a life and career after graduation wherein the use of generative AI tools will become more commonplace. To that end, we hope to guide you toward its use in ethical ways that do not shortcut the overall purpose of your education but rather enhance it.

Your responsibility is to ensure that you understand the ethical and legal issues inherent in the use of these tools, avoid the use of any tool that shortcuts the learning process, and pay close attention to the expectations that each of your professors has based on the learning outcomes for each course that you take at TWU. If anything is unclear, please ask.

## Professor Expectations of AI Usage

AI usage in this class is limited to the following:

1. Using AI to come up with a list of resources and articles that pertain to your assignment.
2. Wording or grammar on a couple of sentences throughout your assignments. Please do not do entire paragraphs. AI is not creative and will regurgitate the same paragraphs across students’ assignments. This is also considered plagarism as this is not your writing.
3. Help in fixing citation errors or generating reference pages. You are responsible that the citation is correct as sometimes the AI doesn’t do a good job of this.
4. Please do not use any AI for Forum postings or for your case conceptualizations

## Protocol if AI Usage is Suspected

1. Professor will issue a warning and an opportunity to redo the assignment which will need to be done within 24 hours otherwise it will be given a 0 on the assignment. There will be no extensions granted as there has been a warning issued to not use AI.
2. If the assignment is not fixed within the 24 hour period, professor will reach out to the Dean and further action may be taken other than a zero on the assignment.

## University Standard Grading System

The University Standard Grading System can be found in the Academic Calendar at <https://www.twu.ca/about-us/policies-guidelines/student-policies/university-standard-grading-system>.

# Introduction to Psych 339

Welcome to Psych 339! I am excited to begin all of the topics and units that we have planned for the following weeks. There will be a lot of information coming at you, especially in the beginning units, but in later units, we will review and refer back to the information, so my hope is that it won’t feel like too much of an overload.

I would like to take the time here to review a couple of things that may help you navigate your way through this information.

### Assignments

The grading portion of classes can be an anxiety-provoking focus and so I thought I would give you all a couple of tips.

1. All of the questions for the quiz will be taken from the “Questions to Consider” sections in the units. The quiz is open-book and so if you write down the answers as you go through the material, you will have all of the answers at your fingertips when it comes time to take the quiz.
2. You are only required to do three of the six case conceptualizations. I would recommend that you choose the case conceptualizations or topics that you are most interested in, as you will be choosing one of them and writing your final paper on it. We will discuss more about this in class.
3. Oral presentations: You will be placed in groups and assigned a topic—you can also use the information gathered in this assignment to help you write your final paper. You will be required to research and present on one treatment or therapy model known to be effective for the mental health issue you have been assigned.
4. The Discussions should be answered every week. I will not grade comments that are submitted late as you will have missed out on the discussion and participation portion. One free pass is given; if you complete all of the Forum discussion questions then I will use your five best marks for the grade.
5. The final paper is a research paper and should be written as such. We will discuss what is required and how to briefly write a research paper in class.

**<Begin note>**

*Note:* The Learning Activities in this course are ungraded unless specified. They are designed to help you succeed in your assessments in the course, so you are strongly encouraged to complete them.

**<End note>**

### Interconnectedness of the Material

All of the topics that we will be learning about can affect each other, especially trauma, which can be at the root of almost every mental health issue—that is why we are starting with it first. I have not included it in our first unit, but I invite you to watch Gabor Mate’s film [*The Wisdom of Trauma*](https://www.kanopy.com/en/product/wisdom-trauma)*.* It is a very meaningful and informative film on the effects of trauma. I also encourage you not to view each unit as a separate unit, but as building upon and being a continuation from each other.

### Research Articles

I have included a smattering of research articles throughout our learnings together. These are the types of articles I would like you to find for your research papers. Research articles must be peer-reviewed and from a reputable source. Research articles, unlike textbooks, often focus on one specific aspect or finding related to the subject. Notice how they provide an overview of the subject in their introductions, and then focus their research specifically on the question they are trying to answer.

### A Note on Emotion-Focused Family Therapy

There are some interventions in the emotion-focused family therapy (EFFT) course resource that we will not be including, as to do so would require target training as well as following the requirement to be a registered therapist with a Master’s degree. However I still invite you to read about clinician chair block work and caregiver chair block work as well as therapeutic apologies, as it is very impactful work.

We will be reviewing the EFFT exercises assigned in each class.

I look forward to our learnings together and hope and pray that this class will be an enriching and helpful experience.

# 1. Work with Trauma

## Overview

Unit 1 explores the complexity of trauma, why it happens, and how to respond to it when it shows up in our work. This unit is designed to provide you with some research, theory, and practical resources so that you will feel confident and competent when you encounter trauma at work or in daily life. Although you will not be expected to become an expert on every topic we will examine, it is imperative that you are able to locate information when confronted with it in order not to become overwhelmed by the large amount and various sources of information available.

### Topics

This unit is divided into the following topics:

1. What is Trauma?
2. Why and How Does Trauma Happen?
3. How Do We Work With Trauma?

#### Unit Learning Outcomes {.unnumbered}

When you have completed this unit you will be able to:

1. Demonstrate knowledge of some of the major researchers in the field of trauma
2. Distinguish between emotional abuse, physical abuse, and sexual abuse
3. Identify some of the signs and triggers of trauma
4. Begin to conceptualize a trauma case
5. Use the validation skill outlined in emotion-focused family therapy (EFFT)
6. Develop a preliminary treatment plan and know where to find resources and further specialized training

#### Learning Activities {.unnumbered}

Here is a list of Learning Activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Watch: What is Trauma?
2. Read: The Body Keeps the Score, Prologue
3. Read (Optional): The Body Keeps the Score, Chapter 3
4. Watch: A Note on Childhood Trauma and Adverse Childhood Experiences
5. Visit: Terminology Website
6. Read: The Body Keeps the Score, Chapter 4
7. Read: In the Realm of Hungry Ghosts, Chapters 17 and 18
8. Read (Optional): The Effects of Complex Trauma on Brain Development
9. Read (Optional): Treating Adult Survivors of Childhood Emotional Abuse and Neglect, pp. 3–12
10. Read (Optional): Treating Adult Survivors of Childhood Emotional Abuse and Neglect
11. Read (Optional): Complex Trauma and the Christian Context
12. Read: Emotion-Focused Family Therapy, pp. 3–48
13. Exploration (Optional): Trauma-Informed Therapies
14. Read: Case Study

*Note:* Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End learning-activity>**

### Assessment

Please see the Assessment section in Moodle for assignment details.

### References

Here are the resources you will need to complete this unit.

* Maté, G. (2010). *In the Realm of Hungry Ghosts*. North Atlantic Books.
* Lafrance, A., Henderson, K. A., & Mayman, S. (2020). *Emotion-Focused Family Therapy: A Transdiagnostic Model for Caregiver-Focused Interventions*. American Psychological Association.
* Other online resources will be provided in the unit.

## 1.1 What is Trauma?

This first unit will lead you to explore some of the research on trauma. Topic 1 will help you not only gain a basic understanding of the varying types of trauma and how to define them, but also identify the main researchers in the field. Learning about the prominent researchers in this field will give you a good foundation and direction to fall back on as you go further in your studies, and as you encounter trauma in your day-to-day activities.

The resources provided for this topic will discuss the areas of the brain trauma affects and how it differs from stress. Dr. Bessel van der Kolk’s famous book *The Body Keeps the Score* (2014) will also be discussed, and we will conclude this section with some definitions and key terms you should know.

### Trauma

Trauma is a very difficult mental health issue to work with. A trauma is a painful, confusing, intergenerational, illogical, interfering, irrational, and shocking experience. The treatment of trauma requires more than a series of four to five sessions; it can be a lengthy and complex process with advances and setbacks.

A trauma can manifest itself in many different ways. Dr. Joseph Spinazzola and Dr. Bessel van der Kolk are prominent researchers in the field of trauma and emphasize that it is not the traumatic incident that remains with people and affects them, but rather unprocessed emotions and going through trauma alone that remains with them. This is also emphasized by Dr. Adele LaFrance, the co-creator of emotionally-focused family therapy (EFFT).

The culture of our society is so geared toward avoiding pain at any cost that when it does emerge we attempt to shut it down and conceal it before it causes too much damage. It is in the avoidance of pain, in the avoidance of the traumatic event, that darkness and maladaptive coping skills emerge, which are often what bring people into therapy.

In the course of working with trauma as therapists, we have the tendency to desire a quick fix or to avoid entering into the dark pit of pain. It can be difficult to navigate this fine line between going too far and experiencing secondary trauma, and avoiding feeling the pain with our clients. As a consequence, we would like to warn you that some of the stories and case studies we will be discussing in this course may be triggering or difficult to listen to. Take note of your ability to engage with the material as the intention is not to create dysregulation within you.

### 1.1.1 Activity: What is Trauma?

**<Begin learning-activity>**

**Estimated Time:**

View the following videos and listen to Dr. Bessel van der Kolk, one of the most prominent trauma researchers, then answer the following questions. You may want to watch the first video more than once since a lot of information is packed into a short timeframe.

* [*What is Trauma? The Author of “The Body Keeps the Score” Explains*](http://www.youtube-nocookie.com/embed/BJfmfkDQb14?si=asC9vWgUqFl43TqY) (2021)

<http://www.youtube-nocookie.com/embed/BJfmfkDQb14?si=asC9vWgUqFl43TqY>

* [*Three Ways Trauma Can Change the Brain*](https://www.youtube.com/watch?v=LKWUmwxi1ZI) (2014)

<https://www.youtube.com/watch?v=LKWUmwxi1ZI>

**Questions to Consider**

You will be able to check your understanding of the topic by considering these questions.

1. What is the difference between stress and trauma?
2. How does van der Kolk define trauma?
3. Why does it make a difference whether or not PTSD develops if a caregiver or parent is there for us after a traumatic event occurs?
4. What does van der Kolk name as the primitive/survival part of the brain?
5. What emotions do traumatized people have trouble experiencing?
6. What are the three areas that are affected in those who have experienced childhood trauma?

**<End learning-activity>**

### 1.1.2 Activity: Reading | The Body Keeps the Score, Prologue

**<Begin learning-activity>**

**Estimated Time:**

Reading the prologue to Dr. van der Kolk’s book will provide you a good introduction to trauma and to his experience and work with it.

* [*The Body Keeps the Score*](assets/u1/BKTS_Prologue.pdf), Prologue (2014)

**Questions to Consider**

You will be able to check your understanding of the topic by considering these questions.

1. What are some examples of how trauma affects not only the individual, but also those around the individual?
2. What types of physiological change does trauma reproduce?
3. What are the three approaches used in helping heal traumatized individuals?

**<End learning-activity>**

### 1.1.3 Activity: Optional Reading | The Body Keeps the Score, Chapter 3

**<Begin learning-activity>**

**Estimated Time:**

If you plan to work with traumatized individuals, Chapter 3 in *The Body Keeps the Score* is an excellent suggested resource for you.

* [*The Body Keeps the Score*, Chapter 3](assets/u1/TBKTS_Ch.3.pdf) (2014)

**Highlights from the reading are described in the following paragraphs (van der Kolk, 2014):**

One of the main findings in a study that was conducted by examining the brain with MRI is that trauma is preverbal. While undergoing brain scans, research participants were simultaneously triggered with reminders of their individual traumas. Through this experiment it was discovered that Broca’s area in the brain (where speech resides) was shut down, or dark on the MRI. This is a major finding as it tells us that the connection between speech and what is happening is disconnected. Similarly, it was shown that when something happens to remind traumatized people of their trauma, their right brain responds as if the event was happening in the present, while their left side of the brain is shut down, which can block the realization that the event is not happening in real time. This is all experienced in the bodily-felt sense. This therefore means that the experience of trauma itself can get in the way of talking about the trauma. This piece of information is crucial to know as therapists, because the process of change in the therapy room often involves talking.

van der Kolk also describes trauma succinctly in this chapter. He describes trauma as something that happens to you that makes you so upset that it overwhelms you and there is nothing you can do to help yourself function in the face of the particular event. Trauma is how you respond to it.

**<End learning-activity>**

### 1.1.4 Activity: A Note on Childhood Trauma and Adverse Childhood Experiences

**<Begin learning-activity>**

**Estimated Time:**

There are two sections to this activity. In the first, Dr. van der Kolk explains how trauma manifests in children, and in the second, pediatrician Nadine Burke Harris shares during a TED Talk the importance of acknowledging childhood trauma and how it impacts our physical well-being.

* [*Bessel van der Kolk on the Treatment of Trauma: How Childhood Trauma is Different from PTSD*](https://www.youtube-nocookie.com/embed/UxPAt-Esv8Q)(2013)

<https://www.youtube-nocookie.com/embed/UxPAt-Esv8Q>

Pediatrician Nadine Burke Harris explains that the repeated stress of abuse, neglect, and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain. Watch the following video:

* [*How Childhood Trauma Affects Health Across a Lifetime*](https://www.youtube.com/watch?v=95ovIJ3dsNk) (2015)

<https://www.youtube-nocookie.com/embed/95ovIJ3dsNk>

**Questions to Consider**

You will be able to check your understanding of the topic by considering these questions.

1. How does PTSD manifest in children?
2. What areas of the brain does trauma affect?
3. Why are children more sensitive to brain change from trauma?

To gain a better understanding of your own past experiences, you can take the following short adverse childhood experience (ACE) quiz found on the website below. It is important to note that participation in this activity is not mandatory, nor will you be asked to share your experiences. Please proceed with caution and awareness as the questions and discoveries may be triggering.

* [*Take Your ACE Test*](https://stopabusecampaign.org/take-your-ace-test/) (n.d.)

**<End learning-activity>**

### 1.1.5 Activity: Terminology

**<Begin learning-activity>**

**Estimated Time:**

This activity will introduce you to some of the concepts and terminology used in this field by looking up the following terms. The website given here is recommended for searching the terms listed in the tool below. By doing the search yourself you are more likely to remember the definitions. Try to write out or type out the definitions instead of just copying and pasting them. This section aims to define these terms at the end of the section rather than at the beginning so you will recognize some of them and have a context from the resources you have read.

* [*Complex Trauma Resources*](https://www.complextrauma.org/glossary) (n.d.)

Use the tool below to assist you in this activity. Please note that if you close or refresh the page your work will be lost, so you may wish to download the file with your answers before closing the browser.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=449>

**<End learning-activity>**

## 1.2 Why and How Does Trauma Happen?

To develop a preliminary understanding of why trauma occurs, you have learned defining terms in the previous topic. This topic will focus on why and how PTSD develops and persists—we often tend to focus on the “why” of abuse; however PTSD is not something to discuss in the beginning. The learning activities included in this topic will allow you to explore the reasons why the brain and body can perceive an event as if it were happening right now, even when an event or series of events occurred in the past. Furthermore, the resources will discuss what happens to our brains when trauma occurs and persists over time. Despite some repetition in the resources, the expectation is that you will retain more of the information by digesting it through various sources and formats.

### 1.2.1 Activity: Reading | The Body Keeps the Score, Chapter 4

**<Begin learning-activity>**

**Estimated Time:**

Despite being potentially overwhelming, this chapter is extremely informative regarding what happens to the brain when trauma occurs. Please use the following questions to guide your reading, as they will assist you in focusing on the most important information.

* Watch [*What is trauma? The author of “The Body Keeps the Score” explains | Bessel van der Kolk | Big Think*](https://www.youtube.com/watch?v=BJfmfkDQb14).

<https://www.youtube.com/watch?v=BJfmfkDQb14>

* Read [*The Body Keeps the Score*](../U1%20Files/TBKS_Ch_4.pdf), Chapter 4 (2014)

“When you can’t be fully here, you go to the places where you did feel alive—even if those places are filled with horror and misery (van der Kolk, p. 73).”

**Questions to Consider**

You will be able to check your understanding of the topic by considering the following questions.

1. What happens to the brain when the normal response is blocked?
2. What are the five things our brains need to do in order to ensure our survival?
3. What does “neurons that fire together, wire together” mean?
4. What are frontal lobes responsible for?
5. What are mirror neurons?
6. What is the difference between top-down regulation and bottom-up regulation?
7. Why can flashbacks and reliving trauma almost be worse than experiencing the trauma?
8. What parts of the brain need to be “online” in order to visit past traumatic memories?

**<End learning-activity>**

### 1.2.2 Activity: Reading | In the Realm of Hungry Ghosts, Chapters 17 and 18

**<Begin learning-activity>**

**Estimated Time:**

Gabor Maté’s book, *In the Realm of Hungry Ghosts* (2010), focuses on addiction. You may want to spend some time reading Chapters 17 and 18 to better understand how addiction and trauma are intertwined.

Maté is famous for saying, “don’t ask why the addiction, but why the pain.” He would state that every person who has an addiction has experienced trauma (Maté, 2010). Thus, we will read a few chapters from the book that describe how the brain develops and works. Observe how Maté describes both physical trauma and emotional trauma. The need for strong attachment figures from a young age has been discussed and will continue to be discussed—this section explains the effects on the brain and brain development. Our next unit on addiction will benefit from investigating the effects on the brain.

* In the Realm of Hungry Ghosts: Close Encounters With Addiction (2010)

**Questions to Consider**

You will be able to check your understanding of the topic by considering the following questions.

1. How much smaller do mistreated children’s brains tend to be?
2. What part of the brain tends to be smaller in trauma survivors? What is this part of the brain responsible for?
3. What is the stress hormone called?
4. What does early stress establish in a child?
5. How does early abuse and neglect affect interpersonal relationships?
6. What are three universal factors that lead to stress?

**<End learning-activity>**

### 1.2.3 Activity: Optional Website Reading | *The Effects of Complex Trauma on Brain Development*

**<Begin learning-activity>**

**Estimated Time:**

Complextrauma.org is an excellent website to familiarize yourself with for research and information about trauma, as well as for resources and opportunities. In addition to using this site to define some terms, I invite you to read the following explanation of the impact trauma has on the brain. Hopefully, some of this information will sound familiar to you.

* [*The Effects of Complex Trauma on Brain Development*](https://www.complextrauma.org/complex-trauma/the-effects-of-complex-trauma-on-brain-development/) (n.d.)

**<End learning-activity>**

### 1.2.4 Activity: Optional Reading | Treating Adult Survivors of Childhood Emotional Abuse and Neglect, pp. 3–12

**<Begin learning-activity>**

**Estimated Time:**

Literature in this section discusses emotional abuse or neglect and psychological trauma. Emotional and psychological trauma is a relatively new and complex area of trauma study, and it is crucial that we learn how this affects the systems in which we live, work, and commune. As you read this section, keep the authors’ working definition of complex trauma in the back of your mind—they identify complex trauma as defined by Courtois (2004) and Courtois & Ford, (2010):

“Courtois (2004) articulated … complex trauma as a *recurrent* and *escalating* form of trauma, occurring primarily within familial or intimate relationships … requiring survival to take precedence over normal psychobiological development” (Courtois & Ford, 2010, as cited in Hopper et al., 2021, p. 9).

Additionally, they note that the Complex Trauma Workgroup has a similarly developmentally anchored definition of complex trauma as “a *dualistic*, pernicious, and *progressive relationship* *between exposure and adaptation*” (as cited in Hopper et al., 2021, p. 9).

* Read pages 3 to 12 in [*Treating Adult Survivors of Childhood Emotional Abuse and Neglect: Component-Based Psychotherapy*](assets/u1/Treating%20Adult%20Survivors%20of%20Childhood%20Emotional%20Abuse%20and%20Neglect.pdf) (2021)

**Questions to Consider**

You will be able to check your understanding of the topic by considering the following questions.

1. Can you describe the difference between emotional abuse versus emotional neglect?
2. Why does psychological maltreatment in the home still largely remain in a gray area? What factors make it hard to identify or intervene?
3. What is psychological abuse the strongest predictor of?
4. How does Courtois (2004) define complex trauma?
5. What is the difference between Type I trauma and Type II trauma?
6. What do the acronyms PTSD, CPTSD, and DTD stand for?

**<End learning-activity>**

## 1.3 How Do We Work With Trauma?

During this topic you will become familiar with and comfortable with one main therapeutic approach. The purpose is to give you some practical skills and applications, rather than just a variety of theories that you would need to study further in order to implement. Consequently, this topic may feel more overwhelming, due to the repetition of the same information with a slightly different application. In this section, we will begin by learning about emotion-focused family therapy (EFFT) and then we will apply it specifically to the treatment of trauma.

There are many therapy modalities that are specifically designed for trauma; EFFT is an all-encompassing modality and not trauma-specific. In the final activity you will be provided with a list of trauma-informed therapies that you can pursue at your own leisure. If you come into contact with someone who has complex trauma or PTSD at this stage of your studies, it is best to refer them to someone who is qualified and trained to work with PTSD.

In our view, successful complex trauma intervention in real-life practice—particularly when conducted with adult survivors of the kind of pervasive and profound deprivation and debasement that comes from living through chronic and severe emotional abuse and neglect in childhood—can almost never be accomplished through adoption of a singular clinical target, follow a consistently linear process, or result from adherence to one specific clinical technique. In contrast, it is tangled, precarious work, work that is predictable in its unpredictability, that inevitably requires the therapists’ extensive use of themselves in the treatment process and that simultaneously demands attention to the body and all that usually goes unspoken in trauma and psychotherapy. (Hopper et al., 2021, pp. 14–15)

### 1.3.1 Activity: Optional Reading | Treating Adult Survivors of Childhood Emotional Abuse and Neglect

**<Begin learning-activity>**

**Estimated Time:**

Read the following article for a description of a new framework for treating childhood emotional abuse and neglect. This article describes component-based psychotherapy. This is not an essential therapy for you to know as we will be focusing on learning about emotionally-focused family therapy in our time together, but if you are interested in working with trauma or have done so previously, I would recommend reading this article.

* [*Treating Adult Survivors of Childhood Emotional Abuse and Neglect*](assets/u1/Survivors_of_Emotional_Abuse_and_Neglect.pdf) (2021)

**Questions to Consider**

You will be able to check your understanding of the topic by considering the following questions.

1. What are the three predominant paradigms that have emerged regarding traumatic stress inquiry and research?
2. What does CBP stand for? What are some preliminary characteristics of the model?

**<End learning-activity>**

### 1.3.2 Activity: Optional Reading | Complex Trauma and the Christian Context

**<Begin learning-activity>**

**Estimated Time:**

An adult with complex trauma history frequently experiences disrupted systems of meaning, which can lead to adversely affected belief systems. The experiences of shame, betrayal, meaning-making, and mourning experienced by adult survivors of childhood trauma often complicate their spiritual or religious beliefs. The goal of this activity is to provide you with a better understanding of how a complex trauma treatment is applied within a Christian context.

* [*Beyond Survival: Application of a Complex Trauma Treatment Model in the Christian Context*](assets/u1/Beyond_Survival.pdf) (2015)

**Questions to Consider**

You will be able to check your understanding of the topic by considering the following questions.

1. Why is it vital for a therapist to “know thyself” as this article highlights? How can a therapist’s own religion or faith get in the way of trauma therapy?
2. What is the importance of relational rupture and repair? What are the reasons for allowing therapeutic ruptures to occur?
3. Why is the skill of validation important?
4. Why would it be beneficial to explore a client’s view of God and God’s view of themselves?
5. What is MBCT and how can it be beneficial?
6. Why is it easy in a Christian environment to confuse dysregulated behaviour with willful sin?

**<End learning-activity>**

### 1.3.3 Activity: Reading | Emotion-Focused Family Therapy, pp. 3–48

**<Begin learning-activity>**

**Estimated Time:**

Read pages 3–48 in your course resource below. The purpose of this unit is to process this new model and make our own deductions regarding how this model may be applied to the treatment of trauma.

* [*Emotion-Focused Family Therapy: A Transdiagnostic Model for Caregiver-Focused Interventions*](assets/u1/Survivors_of_Emotional_Abuse_and_Neglect.pdf) (2020)

**Questions to Consider**

You will be able to check your understanding of the topic by considering the following questions.

1. What is EFFT?
2. What are the core principles of EFFT?
3. What are advanced caregiving skills?
4. What are the six pillars of EFFT?
5. What are some of the themes that research of EFFT has shown?
6. What areas does the bridge responsible for emotion regulation connect? (which parts of the brain?)
7. What are some of the benefits of emotion coaching?
8. What happens over time when emotion coaching is present?
9. What is a super feeler?
10. What are the five steps of emotion coaching?
11. What is the two-step model of emotion coaching?
12. What is the “good house–bad house” metaphor?

**<End learning-activity>**

When you come from a place where you were not allowed to know what you know or feel what you feel, it can be extraordinarily difficult to find a language for yourself and your inner experience. The presence of a compassionate, safe, and reflective therapist is essential to help you discover who you are and what is going on inside. This is never an easy process, and the main task of the therapist is to create physiological stability and the necessary safety to activate the “watchtower of the mind” (van der Kolk, 2014), where we can compassionately observe ourselves and examine our warring fears, longings and impulses. (Hopper et al., 2021, xiii)

The chapters of our EFFT resource contain a great deal of information to process and absorb. As a result, we will not spend much time applying specific interventions to trauma scenarios in this section.

Please do your own application in the case study below, as well as the corresponding Forum Discussion question. The case study provides an opportunity for you to practice the skill of validation. Don’t worry if this seems confusing. This scenario will be discussed in class. Also consider how this model could be applied to trauma work theoretically. We will work on specific interventions in future units.

### 1.3.4 Activity: Optional Exploration | Trauma-Informed Therapies

**<Begin learning-activity>**

**Estimated Time:**

Look up the following modalities to see what types of treatment options are available and notice which modalities resonate with you and why. These modalities do not require in-depth knowledge. Again, the aim is to provide you with a foundation so that when you encounter trauma in your work environment, you will already know which modality resonates with you and in which you would benefit from further training.

* [EMDR Therapy: Demonstration & Step-by-Step Walkthrough](https://www.youtube.com/watch?v=M2ra8p4MSOk) (2021)
* [*Narrative Exposure Therapy (NET)*](https://www.apa.org/ptsd-guideline/treatments/narrative-exposure-therapy) (2025)
* [*Origin of Somatic Experiencing*](http://www.youtube.com/watch?v=L0PsQFoz48g&t=33s) (2012)
* [Internal Family Systems & CBP & AEDP & STAIR/MPE](https://www.complextrauma.org/treatment/complex-trauma-treatments-for-adults/) (2019)
* [ARC Therapy](https://arcframework.org/what-is-arc/) (2020)

**<End learning-activity>**

### 1.3.5 Activity: Case Study

**<Begin learning-activity>**

**Estimated Time:**

Take note of the following questions as you read the case study below. An overview of David, the client, is provided in this case study, followed by snapshots of his therapy.

* [*Open Case Study*](assets/u1/CaseStudy.pdf)

**Case Study Notes**

Take notes using the tool below. You may wish to download your notes (please consider that if you close your browser, your answers will be lost).

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=456>

**<End learning-activity>**

# 2. References and Resources

## 2.1 What is Trauma?

**Videos**

* Big Think. (2021). *What is trauma?* The author of “The Body Keeps the Score” explains [Video]. <https://www.youtube.com/watch?v=BJfmfkDQb14>
* NICABM. (2014). *Three ways trauma can change the brain* [Video]. YouTube. [https://www.youtube-nocookie.com/embed/LKWUmwxi1ZI](https://www.youtube.com/watch?v=LKWUmwxi1ZI)
* TED. (2015, February 18). *How childhood trauma affects health across a lifetime* [Video]. YouTube. [https://www.youtube-nocookie.com/embed/95ovIJ3dsNk](https://www.youtube.com/watch?v=95ovIJ3dsNk)

**Readings**

* van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin.

**Websites**

* Complex Trauma. (n.d.). *Complex trauma resources: Glossary*. <https://www.complextrauma.org/glossary/>

## 2.2 Why and How Does Trauma Happen?

**Videos**

* There are no recommended videos for Topic 2.

**Readings**

* Courtois, C. (2004). Complex trauma, complex reactions: Assessment and treatment: *Psychotherapy: Theory, Research, Practice, Training*, *42*(4), 412–425.
* Courtois, C., & Ford, J. D. (Eds.). (2009). *Treating complex traumatic stress disorder: Scientific foundations and therapeutic models*. Guilford Press.
* [Hopper, E. K., Grossman, F. K., Spinazzola, J., & Zucker, M. (2021). *Treating adult survivors of childhood emotional abuse and neglect: Component-based psychotherapy*. The Guilford Press.](assets/u1/Beyond_Survival.pdf)
* Maté, G. (2010). *In the realm of hungry ghosts*. North Atlantic Books.
* van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin.

**Websites**

* Complex Trauma. (n.d.). The effects of complex trauma on brain development. <https://www.complextrauma.org/complex-trauma/the-effects-of-complex-trauma-on-brain-development/>

## 2.3 How Do We Work with Trauma?

**Videos**

* [EMDR Therapy: Demonstration & Step-by-Step Walkthrough](https://www.youtube.com/watch?v=M2ra8p4MSOk)
* Somatic Experiencing International. (2012). *Origin of somatic experiencing* [Video]. YouTube. <https://www.youtube.com/watch?v=L0PsQFoz48g>

**Readings**

* Hopper, E. K., Grossman, F. K., Spinazzola, J., & Zucker, M. (2021). *Treating adult survivors of childhood emotional abuse and neglect: Component-based psychotherapy*. Guilford Press.
* Lafrance, A., Henderson, K. A., & Mayman, S. (2020). *Emotion-focused family therapy: A transdiagnostic model for caregiver-focused interventions*. American Psychological Association.
* Pressley, J., & Spinazzola, J. (2015). Beyond survival: Application of a complex trauma treatment model in the Christian context. *Journal of Psychology and Theology*, *43*(1), 8–22. <https://psycnet.apa.org/doi/10.1177/009164711504300102>

**Websites**

* American Psychiatric Association. (n.d.). *PTSD guideline*. <https://www.apa.org/ptsd-guideline/treatments/narrative-exposure-therapy>
* Complex Trauma Resources. (n.d.) *Treatments for adults - Accelerated experiential dynamic psychotherapy (AEDP)*. <https://www.complextrauma.org/treatment/complex-trauma-treatments-for-adults/>
* Stop Abuse Campaign. (n.d.). *Take your ACE test*. <https://stopabusecampaign.org/take-your-ace-test/>
* ARC Framework. (n.d.) *What is ARC*. <https://arcframework.org/what-is-arc/>
* Somatic Experiencing International. (2012). *Origin of somatic experiencing* [Video]. YouTube. <https://www.youtube.com/watch?v=L0PsQFoz48g>

## Summary

In this first unit, you have been introduced to some of the researchers in the field of trauma, and have developed your ability to conceptualize a case that involves trauma. During this unit we were only able to touch on the surface of the research that has been conducted in this area. I hope that you will leave this unit with an understanding of where to turn for assistance, what resources you can access, and how to interact with trauma in therapy.

**<Begin checking-your-learning>**

Before you move on to the next unit you may want to check that you are able to:

* Demonstrate knowledge of some of the major trauma researchers
* Distinguish between emotional abuse, physical abuse, and sexual abuse
* Identify some of the signs and triggers of trauma
* Begin to conceptualize a trauma case
* Use the validation skill outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

**<End checking-your-learning>**

# 3. Work with Addictions

## Overview

Unit 1 explored the complexity of trauma, why it happens, and how to deal with it when it shows up in our work. This unit is designed to provide you with some research, theory, and practical resources so that you will feel confident and competent when you encounter trauma at work or in daily life. Although you will not be expected to become an expert on every topic we will examine, it is imperative that you are able to locate information when confronted with it, and not become overwhelmed by the amount of information and numerous sources available.

### Topics

This unit is divided into the following topics:

1. What is Addiction?
2. How and Why Does Addiction Develop?
3. Working With Addictions

### Unit Learning Outcomes

When you have completed this unit you will be able to:

1. Identify and discuss some of the major authors in the field of addiction
2. Interpret the phrase, “Not why the addiction, but why the pain?”
3. Conceptualize an addictions case
4. Practice the skill of validation as outlined in emotion-focused family therapy
5. Develop a preliminary treatment plan and know where to find resources and further specialized training

### Learning Activities

Here is a list of Learning Activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Read: *In the Realm of Hungry Ghosts*, pp. 1–3 and Chapters 11–16
2. Watch: A Visual Portrayal
3. Read: Key Terms
4. Read (Optional): A Biblical Reflection
5. Visit: Six Fundamental Theories Website
6. Read: *In the Realm of Hungry Ghosts*, Chapters 17–19
7. Exploration (Optional): Brain Imaging with Dr. Amen
8. Read: *In the Realm of Hungry Ghosts*, Chapters 29–33
9. Read: *Emotion-Focused Family Therapy*, Chapters 2–3 and pp. 153–154
10. Watch: Visual of Emotion Coaching
11. Reflect: Looking Back
12. Practice: Validation Exercise
13. Read: *In the Realm of Hungry Ghosts*, pp. 1–3 and Chapters 11–16

*Note:* Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End learning-activity>**

## Assessment

Please see the Assessment section in Moodle for assignment details.

### References

Here are the resources you will need to complete this unit.

* Maté, G. (2010). *In the Realm of Hungry Ghosts*. North Atlantic Books.
* Lafrance, A., Henderson, K. A., & Mayman, S. (2020*). Emotion-Focused Family Therapy: A Transdiagnostic Model for Caregiver-Focused Interventions*. American Psychological Association.
* Other online resources will be provided in the unit.

## 3.1 What is Addiction?

An addiction is a chronic brain disorder with reward, motivation, and memory components. Basically, it refers to a tendency to seek a reward in a compulsive or obsessive manner without taking into account consequences. This is just one definition of addiction; you will probably encounter others.

In the long term, addiction can significantly interfere with a person’s daily activities. Those who suffer from addiction may also experience cycles of relapse and remission. It is therefore possible for them to cycle between intensified and mild usage. Over time, addictions often worsen despite these cycles. These types of problems can cause permanent health complications as well as having serious consequences such as bankruptcy, alienation from family, and rejection by society.

There are a wide variety of resources available on the topic of addiction; they describe types of addiction, triggers, the signs and causes of addiction, as well as stages of addiction and their complications.

There are many definitions of addiction available online. Through the Learning Activities in this unit we will explore some of the most important terms in this field, as well as hear from some of the leading researchers.

### 3.1.1 Activity: Reading | In the Realm of Hungry Ghosts, pp. 1–3 and Chapters 11–16

**<Begin learning-activity>**

**Estimated Time:**

* Read *In the Realm of Hungry Ghosts*, pp. 1–3, and Chapters 11–16 (2010)

Gabor Maté’s book *In the Realm of Hungry Ghosts* is a very important and valuable course resource. Given the time available for this course, it is recommended that you complete specific readings, but the book as a whole is very valuable.

The chapters are quite substantial in and of themselves so it is strongly recommended that you follow along with the questions provided below as you read; as a result, you will be able to retain more information.

Additionally, before you complete this reading take a moment to consider your own definition of addictions and what automatic thoughts or assumptions you have about people struggling with addictions.

**Questions to Consider**

You will be able to check your understanding of the topic by considering these questions.

1. What is our present-day definition of addiction?
2. What are the four components of addiction? (Maté, p. 129)
3. Why do all addictions also have a biological dimension to them?
4. Why is it unhelpful to view addiction as a disease?
5. What did the study done with Vietnam War veterans show?
6. What is the significance of “Rat Park”?
7. What three factors need to coincide in order for a substance addiction to develop?
8. What does it mean to have a diminished amount of dopamine receptors in the brain? Why would someone with a smaller number of dopamine receptors be at higher risk for addiction?
9. What are the short-term effects of drugs on the brain and what are the long-term effects?
10. Take note of the story of Claire at the end of Chapter 16 and how her story is described using the information that we have recently learned.

**<End learning-activity>**

### 3.1.2 Activity: Watch | A Visual Portrayal

**<Begin learning-activity>**

**Estimated Time:**

Please take a moment to watch the following video. Please be aware that this video may evoke some strong emotions.

* [*Nuggets*](https://www.youtube.com/watch?v=HUngLgGRJpo) (2014)

<https://www.youtube-nocookie.com/embed/HUngLgGRJpo>

**Journal Record**

After watching the video, use the following link to record your thoughts. Note that your responses will not be saved once you close the active browser, so you will need to save or download your document before closing it.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=458>

**<End learning-activity>**

### 3.1.3 Activity: Key Terms

**<Begin learning-activity>**

**Estimated Time:**

Take a moment to read some of the terms below. The purpose of reviewing specific definitions is to reinforce the information presented in this topic.

1. **Tolerance:** decreased reaction to a process or substance after repeated use. Increasing uptake may only increase tolerance.
2. **Relationship between opioids and oxytocin:** oxytocin helps us to not become tolerant to our own natural opiates. When endorphins lock onto opiate receptors they trigger the chemistry of love and connection, helping us be the social creatures we are.
3. **Dopamine receptors:** a decreased presence of these is correlated with a greater uptake of substances or addictive behaviours.
4. **Dopamine system:** most active during the initiation and establishment of drug intake and other addictive behaviours and is key in reinforcing patterns of all drugs of abuse.
5. **Opiates:** these don’t take away pain, but reduce our consciousness of it as unpleasant stimuli. They are responsible for the pleasure–reward aspects of addiction.
6. **Reinforcement:** the triggering of VTA (ventral tegmental apparatus) activation and dopamine release in the NA (nucleus accumbens)
7. **Prefrontal cortex:** responsible for the impulse control center, executive functioning, and is where social behaviours are learned. This becomes impaired in an addicted brain.
8. **Orbitofrontal cortex:** decision-making, inhibiting impulses, initiating cravings, and balancing short-term objectives against longer-term consequences in the process of decision making. Images show that the OFC works abnormally in drug users.
9. **Salience attribution:** the assignment of great value to a false need and the depreciation of true ones.
10. **Epigenetics:** effects are most powerful in early development, the ability for genes to turn on and off based on environmental factors. “As a result of life events, chemicals attach themselves to DNA and direct gene activities” Maté (2010) (p. 204).
11. **Gene expression:** how a gene acts.
12. **Process addictions or behaviour addictions:** gambling, shopping, food, love, sex, internet, dangerous activities, thrill-seeking activities, pornography
13. **Substance addictions:** alcohol, drugs, pain pills, tobacco

**<End learning-activity>**

### 3.1.4 Activity: Optional Reading | A Biblical Reflection

**<Begin learning-activity>**

**Estimated Time:**

* Read Deuteronomy 4: 15–16, Isaiah 44: 9, and Colossians 3: 5

The Bible talks about how an idol is anything that takes priority over our ability and willingness to worship and serve God. An idol can “replace” God in our lives, and our relationship with whatever we have made an idol in our lives becomes more important than our relationship with God. An addiction could be considered an idol, as when one is in the midst of an addiction it becomes the sole priority and as we have read, even one’s basic health may be pushed aside for the sake of engaging in the addiction.

In addition, we have read that the same neural pathways in the brain are involved in addictions and attachments. According to *Genesis* 2: 18–23, we were created for attachment. As we have discussed previously, addiction can fill a hole inside of us when we lack the type of attachment that God intended, the secure base that allows us to fail and be okay. This is especially true for people who are trying to numb or eliminate intolerable pain.

Consider how far our world has fallen from God’s intended design for us and how far we have fallen from that design. **How does this context affect your perception of those suffering from addiction?** **Does it make a difference?**

**<End learning-activity>**

## 3.2 How and Why Does Addiction Develop?

Among the most common causes of addiction development mentioned in the literature are chronic stress, trauma, mental illness, and a family history of addiction. Researchers are still uncertain what causes addiction, or how it develops as risks vary from person to person.

The purpose of this section is to discuss the six basic theories of addiction, followed by an analysis of Gabor Maté’s analysis of how and why addiction develops. To conclude, we will examine some brain scans of addicted individuals and discuss the various categories of addiction that can be identified by such brain scans.

### 3.2.1 Activity: Website | Six Fundamental Theories

**<Begin learning-activity>**

**Estimated Time:**

Gabor Maté’s work with and view of addiction, and how and why it forms, is a biopsychosocial one. This view is supported by the most recent research and brain science, so we are focusing primarily on it. To better understand how and why addiction develops, it is worthwhile to examine other theories.

Take a look at the following presentation that discusses five different theories.

* [*Theories of Addiction*](https://www.nwosu.edu/uploads/academics/social-sciences/bjcc/cbrp-training/theories-of-addiction.pdf) (n.d.)

**<End learning-activity>**

### 3.2.2 Activity: Reading | *In the Realm of Hungry Ghosts*, Chapters 17–19

**<Begin learning-activity>**

**Estimated Time:**

In this section we will explore the reasons and mechanisms behind addiction. You will continue reading *In the Realm of Hungry Ghosts* through Chapter 19 in order to gain further insight into addiction and how it manifests in the brain. You have already read Chapters 17 and 18 during the last unit. You can take this opportunity to review the information, or read only Chapter 19 if you feel that you have a good understanding of the information.

* *In the Realm of Hungry Ghosts*, Chapters 17–19 (2010)

**Questions to Consider**

You will be able to check your understanding of the topic by considering these questions.

1. What is epigenetics and what is its significance?
2. What can we focus on with regard to prevention?
3. At what stage can one already begin to have a predisposition to alcohol “programmed” in them?
4. When and where are the numbers of and density of dopamine receptors determined?

**<End learning-activity>**

### 3.2.3 Activity: Optional Website Exploration | Brain Imaging with Dr. Amen

**<Begin learning-activity>**

**Estimated Time:**

On the [Amen Clinics](https://www.amenclinics.com/locations/seattle-metro-area/) website, you will find information on addiction and how the Amen Clinics use brain imaging to identify types of addiction. Although this presentation of addiction is based on a medical model rather than a therapeutic model, it is valuable information nonetheless. (Scroll down through the webpage to see additional links or information—sometimes it seems as though there is no additional information to be reviewed, but there is more if you continue.)

Visit the link below to learn more about brain imaging for this activity.

* [*Drugs and Alcohol Addiction*](https://www.amenclinics.com/conditions/drugs-and-alcohol-addiction/) (n.d.)

**<End learning-activity>**

## 3.3 Working with Addictions

It may be difficult for individuals who have been affected by addiction for a considerable amount of time to determine moral leanings, personal boundaries, and what kinds of behaviours are normative, rather than simply performative and survival-based. Public policy and literature increasingly recognizes that addiction is a maladaptive response to trauma. It is estimated that approximately two-thirds of those seeking treatment for alcohol and substance abuse issues have been affected by trauma. There is no doubt that addiction is extremely difficult to navigate and overcome, and not everyone is able to succeed for long periods of time.

Addiction is a complex issue that can be addressed with many theories and models, but EFFT remains the main approach and theory that will be discussed in this unit. During the following Learning Activities you will learn about Gabor Maté’s insights into the healing process and what he calls “compassionate inquiry,” which pairs nicely with EFFT. Through compassionate inquiry, the client gains an understanding of how the unconscious dynamics in their lives can be released.

### 3.3.1 Activity: Reading | In the Realm of Hungry Ghosts, Chapters 29–33

**<Begin learning-activity>**

**Estimated Time:**

In order to develop a healthy brain two realms must be considered: the external world—environment and support—as well as the internal world, your own self-awareness and ability to be mindful. In reading the following chapters we will explore the concept of wellness and sobriety (versus abstinence), as well as how to maintain both. Take note of the correlations with EFFT principles as you read chapters 29 to 33.

* *In the Realm of Hungry Ghosts*, Chapters 29–33 (2010)

**<End learning-activity>**

### 3.3.2 Activity: Reading | Emotion-Focused Family Therapy, Chapters 2–3 and pp. 153–154

**<Begin learning-activity>**

**Estimated Time:**

According to Chapter 19 in Maté’s book (2010), there are many things that one cannot control, such as genetic makeup, temperament, where one is born, and so on. Thus, it is important to focus on things that can be controlled.

Two of these areas are highlighted by EFFT: family environment and emotional processing. The diagram below provides a good visual of this; it was created by Adele LaFrance and Natasha Files (2018) for presentation purposes.

**<Begin figure>**

**Figure ID:** #fig-image-u2  
**Caption:** Two Areas Highlighted by EFFT in Mental Health  
**Columns:**

**<Begin fig-image>**

**Figure ID:** u2\_1  
**Caption:**   
**Alt Text:** EFFT: Family Environment and Emotional Processing  
**Has Lightbox:** yes  
**Source Text:**   
**Source URL:**   
**Author:** Jasmine Pang  
**Author URL:**   
**Copyright:**   
**License Text:**   
**License URL:**

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**<End fig-image>**

**<End figure>**

As we learned in our previous unit, Maté also emphasizes the importance of caregivers and community in the recovery process, which fits well with the EFFT model that emphasizes parental and caregiver involvement in mental health issues. Family environment and emotional processing are the two areas we can “control” and if we work on both, the healing process will be extremely powerful.

*Note:* During class you will be doing an activity that revolves around the skill of emotion coaching and validation, so make sure you read Chapters 2 and 3 in Lafrance et al. (2020).

**<End learning-activity>**

### 3.3.3 Activity: Video | Visual of Emotion Coaching

**<Begin learning-activity>**

**Estimated Time:**

An excellent illustration of what EFFT emotion coaching aims to accomplish is Dr. Siegel’s hand model. The purpose of emotion coaching is to build a bridge between the prefrontal cortex and the limbic system over time. Siegel’s hand metaphor can be a very effective way to explain the concept not only to parents, as in the video, but also to our clients.

Watch the following video:

* [*Dr. Daniel Siegel Presenting a Hand Model of the Brain*](https://www.youtube.com/watch?v=gm9CIJ74Oxw)

<https://www.youtube-nocookie.com/embed/gm9CIJ74Oxw>

**<End learning-activity>**

### 3.3.4 Activity: Reflect | Looking Back

**<Begin learning-activity>**

**Estimated Time:**

In order to do the reflection for this activity go back and read the first chapter of *In the Realm of Hungry Ghosts* (Maté, 2010). Take in Vancouver’s Downtown Eastside as Maté describes it.

* *In the Realm of Hungry Ghosts*, Chapter 1 (2010)

**Reflect:**

* What comes up for you?
* In comparison to your previous attitude toward this area of the city and its residents, do you feel any different now?

**<End learning-activity>**

### 3.3.5 Activity: Validation Exercise

**<Begin learning-activity>**

**Estimated Time:**

For this activity read Chapter 4 of *In the Realm of Hungry Ghosts*. You will practice how to write a proper validation statement to explain why Serena has been using and continues to use, or if you prefer, you can write a validation statement to explain her inability to see her own inner strength and innate perfection. You may think these will sound too scripted or even strange, but this is an integral part of the learning process.

* *In the Realm of Hungry Ghosts*, Chapter 4 (2010)

This exercise can be broken down into two steps:

1. To begin, your statement might look something like this:

“No wonder/It makes sense why you continue to use because … because … because …”

**or**

“It makes sense to me why you would be struggling with seeing your own inner strength and value because … because … because …”

1. Then make sure you add the second part of emotional support and then practical support.

“I want you to know that …”

“Why don’t we start by …”

There are examples in the behaviour coaching section of the EFFT manual (Lafrance et al., 2014) that are similar to Serena’s situation.

**<End learning-activity>**

If you are interested in accessing more resources, feel free to peruse the following websites:

* [*Recovery Nation*](https://www.recoverynation.com/) (n.d.)
* [*Smart Recovery*](https://www.smartrecovery.org/) (n.d.)

## Summary

You have learned what addictions are, how and when they develop, and how to work with them. Additionally, this unit examined the connection between addiction and trauma. For the summary of this unit I invite you to watch the following two clips—this is the most important information to retain.

* [*What is Addiction? Gabor Maté*](https://www.youtube.com/watch?v=T5sOh4gKPIg) (2010)
* [*Everything You Think You Know About Addiction is Wrong*](https://www.youtube.com/watch?v=PY9DcIMGxMs) (2015)

**<Begin checking-your-learning>**

Before you move on to the next unit you may want to check that you are able to:

1. Identify and discuss some of the major authors in the field of addiction
2. Interpret the phrase, “Not why the addiction, but why the pain?”
3. Conceptualize an addictions case
4. Practice the skill of validation as outlined in EFFT
5. Develop a preliminary treatment plan and know where to find resources and further specialized training

**<End checking-your-learning>**

## References

# 4. Work with Grief, Loss, and Death

## Overview

In this unit we will spend some time discussing a subject that we tend to avoid—death accompanied by grieving. Grieving can be challenging in a culture that often ignores loss and avoids discussing its impact, as H. Norman Wright points out at the start of his book, *Experiencing Grief*, which you’ll have the opportunity to read later in this unit. Wright notes, “When we add this silence to the fact that most of us have never been taught about the process and normalcy of grief and death, no wonder we struggle” (2004, p. 1).

Our fear and pain surrounding death are intensified by the uncertainty it brings, raising questions that lack definitive answers. For those with faith, their belief can provide some comfort—a sense of peace about what comes after death. However, this comfort does not eliminate the pain of losing a loved one, the suffering that may precede death, or the lingering questions and anxieties that often accompany it. As we’ve discussed in earlier units, the experience of suffering and pain is something we naturally strive to avoid at all costs.

As with the previous unit, this unit also deals with trauma. In the same way that death can cause trauma to the body, it can cause suffering to the brain of those left behind as well. This unit will not go into detail about how the brain is affected, but keep in mind what you learned from the first unit about trauma and the brain.

### Topics

This unit is divided into the following topics:

1. What is Grief?
2. How Does Grief or Loss and Death Affect Us?
3. How Do We Work With Grief?

### Unit Learning Outcomes

When you have completed this unit you will be able to:

1. Identify some of the major researchers in the area of Grief and Loss
2. Examine the societal and cultural view of death and dying and how it affects the individual.
3. Identify one’s own relationship to death and interact with it.
4. Conceive of a scenario where someone is experiencing grief and loss
5. Practice the skill of validation as outlined in EFFT
6. Develop a preliminary treatment plan and know where to find resources and further specialized training

### Learning Activities

Here is a list of learning activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Watch: *What is Grief?*
2. Watch: Kübler-Ross’ Five Stages of Grief
3. Read (Optional): Experiencing Grief
4. Exploration: Websites
5. Read: A Personal Journey Through the Grief and Healing Process
6. Read: *Being Mortal*, Chapter 1, The Independent Self
7. Read: *Being Mortal*, Chapter 2, Things Fall Apart
8. Search Online: Complicated Grief
9. Read: Generating a Vocabulary of Mourning: Supporting Families Through the Process of Grief
10. Review: *Emotion-Focused Family Therapy*, Chapters 1–2 and Read: Chapter 5
11. Read (Optional): *Walking with God Through Pain and Suffering*

*Note:* Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End learning-activity>**

## Assessment

Please see the Assessment section in Moodle for assignment details.

### References

Here are the resources you will need to complete this unit.

* Lafrance, A., Henderson, K. A., & Mayman, S. (2020). *Emotion-Focused Family Therapy: A Transdiagnostic Model for Caregiver-Focused Interventions*. American Psychological Association
* Online resources will be provided in the unit.

## 4.1 What is Grief?

When a person endures a loss they will inevitably experience grief. At some point in our lives, we all face grief. The nature of the loss shapes an individual’s grieving experience. Loss can occur in many forms: the death of a loved one, the end of a meaningful relationship, losing a job, facing a disability, or enduring the illness of a loved one. Whether grief stems from a loved one’s passing or a terminal diagnosis, it is a powerful, sometimes overwhelming emotion. Grief can leave a person feeling numb or disconnected from daily life. To better cope with grief at various stages, experts recommend learning about the grieving process. Understanding the underlying causes of significant emotions, such as guilt over a loss, can help in navigating them.

### 4.1.1 Activity: Watch | *What is Grief?*

**<Begin learning-activity>**

**Estimated Time:**

Julia Samuel talks about what grieving is and what the process is like. Note that she brings up a similar concept to that we have read about in previous units: it’s not so much the event surrounding the death, but having to go through the process on our own without community. Watch the following videos.

* [*What is Grief?*](https://www.youtube.com/watch?v=eEsxoO1gVks) (2017)

<https://www.youtube-nocookie.com/embed/eEsxoO1gVks>

* [*Things That can Help Us Grieve*](https://www.youtube.com/watch?v=fNNU-ajnG-s) (2017)

<https://www.youtube-nocookie.com/embed/fNNU-ajnG-s>

**What is it like to be a dying patient?** An older video by Elisabeth Kubler-Ross explains what matters most in the end and what it is like to die.

* [*Understanding Death and Suicide: Part 1*](https://www.youtube.com/watch?v=H6yvJ_MWnJE) (2010)

<https://www.youtube-nocookie.com/embed/H6yvJ_MWnJE>

**What dying looks like:** Katherine Mannix explains what the signs we see toward the end of life actually mean. It is really important for you to understand this for your own experience of death, as well as when you are interacting with clients to provide them with some psychoeducation.

* [*Dying is Not as Bad as You Think*](https://www.youtube.com/watch?v=CruBRZh8quc) (2019)

<https://www.youtube-nocookie.com/embed/CruBRZh8quc>

**<End learning-activity>**

### 4.1.2 Activity: Watch | Kübler-Ross’ Five Stages of Grief

**<Begin learning-activity>**

**Estimated Time:**

One of the first models in this field was the five stages of grief, which we will cover in this section. It is important to acknowledge and learn from our past, even if not everyone uses this model.

Watch Elisabeth Kübler Ross’ *Five Stages of Grief*. She was a major influence on how hospice care is structured today. Prior to watching this clip it is important to note that the model was developed for dying patients, not for those who are left behind or are mourners. It may be more appropriate to apply this model to clients who are dying rather than those who are grieving.

* [*Five Stages of Grief*](https://www.youtube.com/watch?v=x39p3x0chYU) (2012)

<https://www.youtube.com/watch?v=x39p3x0chYU>

I also invite you to read the following excerpts from Kübler-Ross’ book *On Death and Dying* (1970). This part of the activity is **optional.**

* pp. 37–53, 76–86, 105–117, 132

TWU has purchased an online version for our use; it can be accessed here:

* Online version [*On Death and Dying*](https://search-ebscohost-com.twu.idm.oclc.org/login.aspx?direct=true&db=nlebk&AN=1975928&site=eds-live&scope=site) (1970)
* Physical copy [*On Death and Dying*](https://search-ebscohost-com.twu.idm.oclc.org/login.aspx?direct=true&db=cat05965a&AN=alc.30283&site=eds-live&scope=site) (1970)

Students can access the full text via the EPUB Full Text link on the left; you are able to download up to 25 pages of the book content.

**Questions to Consider**

1. Why is partial denial considered healthy?
2. When should a dialogue about death take place?
3. Why is anger a hard stage to deal with?
4. Why does anger occur?
5. What does bargaining attempt to do?
6. What might promises or bargaining be associated with?
7. What are the two different types of depression outlined?
8. Why is it not helpful to reassure or tell a sad, dying person to be happy or not be sad?
9. What feelings are present at the acceptance stage?
10. Who needs the most help during this stage?

**<End learning-activity>**

### 4.1.3 Activity: Optional Read | Experiencing Grief

**<Begin learning-activity>**

**Estimated Time:**

In order to complete this optional reading you will need to purchase the book *Experiencing Grief* by H. Norman Wright (2004). This is not a required text; however it may be valuable to you if you are interested in working in the area of grief or if you have experienced grief yourself. Again, this is an optional reading and the text does not have to be purchased, nor does the reading have to be completed.

Norman Wright describes grief from what seems to me like an inner monologue of his own experiences and wrestlings mixed in with his readings. There are some good descriptions and metaphors in the text that may help you connect to the information in a different way. This is also an opportunity to read this little book and decide whether or not you feel like this would be a good resource to pass on. As Timothy Keller discusses in his book *Walking with God Through Pain and Suffering* (2013), each person’s experience of grief is so unique that we have to remember that what may work for one person may not work for another, and in fact can even have the potential to make things worse. However, this does not imply that you should not pass on resources, but rather that you should be very careful about why you pass on resources, and to whom.

In contrast to our previous readings from Kübler Ross, this focuses on grieving from the perspective of a bereaved individual.

**Questions to Consider**

1. Why is the imagery that grief is like waves of an ocean so applicable?
2. What are the multitude of emotions involved in the grief process?
3. What types of losses tend not to be understood or acknowledged?
4. Why is it important to cry?
5. What puts you at risk for complicated grieving?
6. What are the four signs of recovery? How long would it typically take to appear?

**A Moment of Reflection**

What role does grief, loss, and death play in your life? In your church life?

I wonder sometimes if we use the Bible and God’s teachings to invalidate the suffering of those around us, similar to what we are learning in EFFT about the but statements … “Yeah it makes sense that you are suffering, **but** God will redeem this experience, **but** God tells us not to worry, **but** …”

Think about Easter, Jesus dying, suffering an excruciating death on the Cross. If we don’t allow ourselves to feel this we will never fully understand the depth of the Father’s love for us. When we avoid grief or try to have it pass by quickly we miss out on the ability to connect on a deeper level with ourselves, with creation, with others, and most importantly with God.

**<End learning-activity>**

### 4.1.4 Activity: Websites Exploration

**<Begin learning-activity>**

**Estimated Time:**

Please browse the following two websites for additional resources, training, and information on grief, both for those who are dying and for those who are grieving.

* [*Elisabeth Kübler Ross Foundation*](https://www.ekrfoundation.org/) (n.d.)
* [*The Art of Dying Well*](https://www.artofdyingwell.org/) (n.d.)

**<End learning-activity>**

## 4.2 How Does Grief or Loss and Death Affect Us?

Grief can cause emotional or physical symptoms in a person. In the early stages of grief almost anything that people experience is normal, such as feeling extremely overwhelmed, questioning religious or spiritual beliefs, feeling mad, feeling upset, or being resentful. It is possible to mourn for months or years. As time passes and as the bereaved adjust to life without a loved one, to the news of a terminal diagnosis, or to the possibility of losing someone they love, pain usually becomes more manageable.

The purpose of this section is to discuss how grief or loss and death affect us. *Being Mortal* (Gawande, 2017) is an outstanding book that I strongly recommend you read in its entirety to gain a clear understanding of the broader system at work and how it influences the individual’s process. Additionally, we will read an article that provides three ways to explain how grief and loss affect us, both from the perspective of the dying and from the perspective of the mourner. In order to conclude this topic, we will examine the Inventory of Complicated Grief (ICG) scale. There will be references to complex grief in our readings, but we will not go into specifics due to the limited time we have together.

### 4.2.1 Activity: Read | A Personal Journey Through the Grief and Healing Process

**<Begin learning-activity>**

**Estimated Time:**

As you read the following article you will have the opportunity to gain an understanding of how grief or loss and death affect us from the point of view of three main clinicians/researchers in this field. An online version of this article is available through TWU’s library.

* [A Personal Journey Through the Grief and Healing Process](assets/u3/The_Satir_Journal.pdf) (2008)

**Questions to Consider**

1. What are the six stages of change that Satir has developed? What is the added stage?
2. What does the stage of chaos do? What does it have the potential to do as a lasting outcome?
3. How does the author apply these six stages, specifically the chaos stage, to dealing with a death or loss?
4. What are Kübler-Ross’ five stages?
5. What are Worden’s four tasks?
6. Which models does the author combine to describe the process for the dying and then to describe the process for the grieving?
7. What was the hardest stage for the author?
8. What does the process of change do?

**<End learning-activity>**

### 4.2.2 Activity: Read | Being Mortal, Chapter 1, The Independent Self

**<Begin learning-activity>**

**Estimated Time:**

Atul Gawande’s book *Being Mortal* (2017) is a great resource for you to examine how views of the elderly have shifted in our culture, starting with the first chapter. It is my hope that you will come back to this reading when you have time as the entire book presents important viewpoints on the topic.

Death and dying is not explicitly discussed in Chapter 1, but how we view the elderly is important, because our avoidance of interaction with elderly people and thinking about this stage of our lives is arguably a result of avoiding thinking about our own deaths.

* [*Being Mortal:* Chapter 1, The Independent Self](assets/u3//Being_Mortal_Chapter1.pdf) (2017)

**Questions to Consider**

1. How does the way contemporary society treats its elderly members compare to how the elderly are treated in most of human history?
2. What are the eight activities of daily living and the eight independent activities of daily living?
3. How does new technology change the way we treat our elderly?
4. Describe the shift from elderly people living with or needing to live with family to the creation of the “retirement” phase.
5. Finish the following quote, “Modernization did not demote the elderly. It demoted the \_\_\_\_\_\_\_\_\_” (Gawande, 2017, p. 22).
6. What has the veneration of elders been replaced with?

**<End learning-activity>**

### 4.2.3 Activity: Read | *Being Mortal*, Chapter 2, Things Fall Apart

**<Begin learning-activity>**

**Estimated Time:**

The purpose of this chapter is to describe the various trajectories our lives can take and what will occur to our bodies in these scenarios. Furthermore, this chapter explores the priorities we have in our culture, in particular those related to dying and aging, and how, despite the fact that there are ways to be properly supported in our elder years, we do not prioritize this enough to bring about such change. This chapter is important for us to read—I am hoping it stimulates some thoughts about how we deal with the elderly and ultimately with death, and how our avoidance of talking about aging and death may be preventing us from receiving appropriate care at this time of our lives.

Becoming more comfortable with talking about death is not only beneficial for us psychologically, but also biologically. In order to contribute to the continuation of this conversation, Gawande’s book is a worthwhile and necessary read. I urge all of you to read the remainder of it when you have time.

* [*Being Mortal:* Chapter 2, Things Fall Apart](assets/u2/Being_Mortal_Chapter2.pdf) (2017)

**Questions to Consider**

1. Why is it that even though a diagnosis may have been present for a long time, death can still come as a surprise?
2. What two revolutions have the advances of modern medicine given us?
3. Why is it that studying aging is studying an unnatural process?
4. What is the condition known as frailty?
5. Why did the doctor say you must always examine the feet of an elderly person?
6. What did the University of Minnesota centre study? Why was the centre shut down?

**<End learning-activity>**

### 4.2.4 Activity: Complicated Grief

**<Begin learning-activity>**

**Estimated Time:**

Please search online to find and review the inventory of complicated grief (ICG). It is recommended that you take the ICG for experience; however, if you have recently suffered a loss and this activity would trigger too many emotions for you, please feel free to skip it. Scoring for the ICG is out of 76; a score of 25 or greater indicates a person is at high risk for requiring clinical care.

There is much research in the literature about complicated grief, how it develops, and treatments that are appropriate for it, however it will be too much for our unit to include this. I encourage you to recall, instead, the readings by H. Norman Wright on [*Experiencing Grief*](https://www.hnormanwrightstore.com/Experiencing-Grief_p_101.html) (2004) as he writes a little bit about complicated grief toward the end of his book.

**Recommended Resource**

Mary Frances O’Connor has done a lot of research in the field of grief, relating it to biology. If you are interested in reading some of her articles, and specifically her articles on complicated grief, I have provided her website for you to peruse. This is added reading however and does not need to be completed for this unit.

* [*Mary-Frances O’Connor: Research*](https://www.maryfrancesoconnor.com/research/#block-yui_3_17_2_1_1625438886334_6091) (n.d.)

**<End learning-activity>**

## 4.3 How Do We Work with Grief?

Recent research suggests that grief does not necessarily follow the linear, predictable stages once widely accepted. However it remains broadly understood that grief is a process aimed at recovering meaning after a loss (Brown, 2021). The risk factors for complicated grief are diverse, including depression, anxiety, poor physical health, attachment issues, low perceived social support, family conflict near the end of life, and difficulty accepting death. Understanding these factors can help guide the appropriate support needed.

There is no doubt that there is a great deal of information available regarding grief management. We will be spending most of our time in this section gaining a greater understanding of EFFT related to grief management.

During this topic you will have the opportunity to increase your knowledge of how to work with grief. You have read in previous sections about some suggested models to work with grief. Grief can also be approached and modelled in many other ways. In preparation for your oral presentation assignment, you will have the opportunity to research some treatment models.

### 4.3.1 Activity: Read | Generating a Vocabulary of Mourning: Supporting Families Through the Process of Grief

**<Begin learning-activity>**

**Estimated Time:**

Following the premise that bereavement practices can help mitigate the chances of complex grief developing, this article explores a variety of mourning practices. As well, it argues that clinicians should receive training in mourning and bereavement practices in order to assist in the treatment of their clients. Additionally, the article emphasizes the importance not only of understanding the broader system, but also of taking into account the unique needs of the individual within the system.

* [*Generating a Vocabulary of Mourning: Supporting Families Through the Process of Grief*](https://journals-sagepub-com.twu.idm.oclc.org/doi/pdf/10.1177/1066480720929693) (2020)

**Questions to Consider**

1. What is a preventative factor for the development of complex grief?
2. What do bereavement practices intend to do?
3. What are the common themes across religious practices that Goodwyn has developed?
4. What is the role of the counsellor?
5. What are the two considerations highlighted for further research?

**<End learning-activity>**

### 4.3.2 Activity: Review | *Emotion-Focused Family Therapy*, Chapters 1–2 | Read Chapter 5

**<Begin learning-activity>**

**Estimated Time:**

In this section we will revisit how EFFT can be applied in our work with grief, loss, and death: EFFT, along with the ability to validate emotions, offers a way to express unspeakable moments by providing language and bridging the gap between the prefrontal cortex and the limbic system. The goal of this exercise is to learn how to guide emotional experiences even when words are unavailable. The use of EFFT aligns well with the ideas presented in the preceding article, as the author emphasizes that every individual’s grieving process is unique, influenced by various factors. Therefore, effective validation skills will be crucial throughout this journey.

In addition, we will spend some time discussing death and dying. This is a topic that we tend to avoid discussing—reasons for this vary from individual to individual. This is referred to as working through blocks. In this section, we will conduct a personal exercise related to this topic.

* Review Chapters 1 and 2, and read Chapter 5 in Lafrance et al. (2020)

**Questions to Consider**

1. What are three things conditioned responses are based on?
2. Describe what a block is.
3. What is block work?
4. What is the main paralyzing emotion that fuels blocks in caregivers?
5. When is caregiver resentment most likely to surface?
6. Describe what the authors mean by the wisdom in the blocks? What does it help us do?
7. What is the tree metaphor?
8. Name some of the self-assessment tools.
9. What is the benefit of “speaking into the void”?
10. What are some other techniques listed that can regulate emotions in a caregiver?

**Exercise: Block Work**

As we work through a block we will focus on the psychoeducational component. In spite of the fact that you have read about how you can work with caregivers to work with blocks, I would like you to take the opportunity to apply it to yourself at this time, especially with regard to the subject of death. As we have discussed in this unit, death and loss are topics that tend to be avoided in our culture, but research shows that those who are dying and those who are grieving need to talk about it. Having stated this before, I would argue that it is for this reason that we do not have proper systems in place in North America to provide assistance, honour, and support to the elderly. Gawande (2017) stated in our reading above that we have come to venerate independence above all else. In order to avoid experiencing pain in those vulnerable places, we avoid going there.

**<Begin figure>**

**Figure ID:** #fig-image-u3  
**Caption:** The EFFT Tree Metaphor  
**Columns:**

**<Begin dec-image>**

**Alt Text:**   
**Has Lightbox:** yes  
**Source Text:**   
**Source URL:**   
**Author:** Jasmine Pang  
**Author URL:**   
**Copyright:**   
**License Text:**   
**License URL:**



**<End dec-image>**

**<End figure>**

When I hear/talk/think about death OR

When I interact with/think about the elderly I feel … (emotions–roots) … and therefore I react with … (pattern–branches).

After you identify the block and validate for yourself why it is present, I encourage you to implement the premise behind the relationship dimensions scale, which is to do the exact opposite of what you normally do. For example, if you never talk about death, seek out someone you trust to have that conversation with. If you have someone in your life that is elderly such as a grandparent or a parent and you never ask them about how they are doing with their deteriorating bodies or if they think about the end, maybe open up that conversation.

**Exercise: Validation of Silence**

We read briefly about the validation of silence in our chapter on caregiver blocks. The exercise is normally performed with a loved one who does not respond to a bid for connection—i.e., “’speaking into the void.” I would like you to apply the same format and premise to someone who feels “blocked” about speaking about death and dying.

Imagine after trying to engage in a discussion and response that you receive no answer, or silence. How would you validate the person? Their fears? Their block in talking about this with you? You can use the guide at the back of the Lafrance et al. text on pages 169–170 to help you format your response. I encourage you to write it out.

An alternative to writing out a validation of silence for someone else could be for you to write a validation to yourself about your own silence on the subject. You can use the exercise that you did with the tree metaphor to help guide your response.

**<End learning-activity>**

### 4.3.3 Activity: Optional Reading | Walking with God Through Pain and Suffering

**<Begin learning-activity>**

**Estimated Time:**

The book *Walking With God Through Pain and Suffering* by Timothy Keller (2013) is an excellent resource for those interested in learning more about theology of suffering and pain. Only the content that pertains to our topic in this section will be read. Despite the fact that Keller is primarily discussing pain and suffering, his words are applicable to our discussion on grief, loss, and death, as they are also engulfed in worlds of pain and suffering.

Read Chapter 11 which you can find here:

* [*Walking With God Through Pain and Suffering*, Chapter 11](assets/u3//Timothy_Keller_Ch11.pdf) (2013)

**Questions to Consider**

1. What is the main metaphor describing how to experience pain and suffering and what is the idea behind it?
2. What is the difference between being in the fire versus having the fire within yourself?
3. What is the metaphor of the mixed gold?
4. What is the paradoxical balance of confidence and humility in the response of Shadrach, Meshach, and Abednego?
5. We have been exploring how experiencing pain, loss, death, and suffering change us and open us up to access a deeper place within—how does Keller expand on this discussion?
6. How does Keller frame “the furnace?” How does he recommend viewing being in the furnace?

By inviting you to read this chapter I hope to initiate a discussion regarding how God views our pain, our suffering, and our losses. The presence of death is accompanied by the presence of pain. The following are three “takeaways” from this chapter:

* When suffering, pain, death, and loss are present, God uses these experiences to deepen us, to draw us closer to Him, and to shape us in the process.
* When we are in the depths of despair and we cry out to God, our call is not to simply believe enough and then God will answer our prayers—our call is to put our trust primarily in God and His wisdom and not our own. There is a surrender in this process which is extremely hard to do. Going through the stages of grief or taking time to work on oneself may need to occur before this can happen.
* Jesus was thrown in the ultimate fire for you and experienced this process completely on His own. In knowing this, can you trust Him with your small fires?

Read Chapter 12, “Weeping,” which you can find here:

* [*Walking with God Through Pain and Suffering*, Chapter 12](assets/u3/Timothy_Keller_Ch12.pdf) (2013)

We can apply the concepts from this chapter to all of our units so far, as well as to our units to come. As scripture tells us, there is a time for everything: a time for weeping and despair is included in this and Keller expands on the importance of weeping for healthy emotional development, as well as a means for drawing us closer to God.

**Questions to Consider**

1. Why did Christians feel the need to eliminate lamenting?
2. How did God respond to Elijah during his time of suffering? Who did God send?
3. What does creating a climate of care do?
4. What are the three lessons that the Psalms teach us?
5. How does weeping drive us into joy? How can we experience seemingly paradoxical emotions at the same time?

**<End learning-activity>**

## Summary

During this unit you have been able to learn about grief and dying from the perspective of the dying, as well as the perspective of those left behind. Upon completion of this unit you will hopefully have a better understanding of how to begin interacting with death, the systemic view of death, dying, and the elderly, as well as the importance of confronting our own fears and hesitations concerning death before we are able to assist our clients. Being the “conversation starters” about death also places us in a position to be an instrument of change. Creating more of a comfort and vocabulary around death, grieving, and loss on a societal level will create huge change on the systemic level. We can be a part of this movement.

**<Begin checking-your-learning>**

Before you move on to the next unit you may want to check that you are able to:

1. Who are some of the major researchers in the field of grief and loss that you can name?
2. How do societal and cultural views of death and dying shape an individual’s experience?
3. What is your own relationship to death, and how do you notice yourself interacting with it?
4. Can you describe a scenario where someone is experiencing grief and loss?
5. How would you apply the EFFT skill of validation in a conversation about grief?
6. If you were supporting someone through grief, what would your preliminary treatment plan include, and where would you look for additional resources or specialized training?

**<End checking-your-learning>**

## References

# 5. Work with Mental Health Issues

## Overview

Your journey through this course has reached the halfway point. We will discuss three major mental health issues in this unit: depression, suicidality, and eating disorders. As part of this unit we will examine what a mental health issue is, why it occurs, and how it can be dealt with. These topics, like all of our topics so far, can be difficult and triggering. We encourage you to take breaks, to skim or to skip sections if you find them triggering.

### Topics

This unit is divided into the following topics:

1. What are Depression, Suicidality, and Eating Disorders?
2. What Causes Mental Health Issues?
3. How Do We Work With Mental Health Issues?

### Unit Learning Outcomes

When you have completed this unit you will be able to:

* Demonstrate knowledge of some of the major researchers in the field of mental health
* Engage in conversations about suicidality, eating disorders, and self-harm
* Start conceptualizing mental health crisis cases
* Practice the skill of validation as outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

### Learning Activities

Here is a list of learning activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Video: Neuroscience of Depression
2. Read: *I Don’t Want to Talk About It*
3. Familiarize Yourself With: The PHQ-9
4. Video & Read: Shneidman
5. Read: *Suicide Clusters*
6. Video: *What is an Eating Disorder?*
7. Read (Optional): Emotional Eating
8. Read: *I Don’t Want to Talk About It*, Chapter 4
9. Read (Optional): *The Bible*, Psalm 88
10. Video: Suicide and the Brain
11. Read: Risk Factors for Depression and Suicide Ideation
12. Video: Eating Disorders and the Brain
13. Read: Eating Disorders and Generational Influences
14. Read (Optional): Eating Disorders and Caregiver Involvement
15. Explore: Community Resources
16. Practice: Emotion Coaching and Behaviour Coaching
17. Write: EFFT and Suicidality
18. Complete Exercise: EFFT and Eating Disorders

*Note:* Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End learning-activity>**

## Assessment

Please see the Assessment section in Moodle for assignment details.

### References

Here are the resources you will need to complete this unit.

* Lafrance, A., Henderson, K. A., & Mayman, S. (2020). *Emotion-Focused Family Therapy: A Transdiagnostic Model for Caregiver-Focused Interventions*. American Psychological Association.
* Other online resources will be provided in the unit.

## 5.1 What are Depression, Suicidality, and Eating Disorders?

Suicidality, eating disorders, and depression are some of the “main” mental health issues that one might encounter in the therapy room. These issues will only be touched upon in this unit. In our EFFT text we have been learning that mental health issues are caused by unprocessed emotions. Rather than experiencing things that cause mental health issues, it is experiencing them alone without the ability to process what is happening that causes the issue. According to EFFT, mental health issues would not occur if we were able to process emotions correctly. Both trauma and addiction can be comorbid.

It may seem that the first two topics are disjointed from previous topics, but the purpose is to pique your interest and introduce you to the researchers and clinicians in this field. Throughout this unit I encourage you to draw upon and incorporate what you have learned in the previous units, particularly about the brain and how it interacts with these issues.

### Depression

The medical term depression (major depressive disorder) refers to a serious, common psychological illness that negatively affects a person’s feelings, thoughts, and actions. An individual suffering from depression may experience sadness and/or a loss of interest in activities they previously enjoyed. Depression may also make it difficult for an individual to perform their duties at work or at home. There may be a variety of emotional and physical problems associated with it.

There is a wide range of symptoms associated with depression, ranging from mild to severe. These include feeling sad or depressed, losing interest in activities that used to be enjoyable, losing weight or gaining weight because of changes in appetite, oversleeping, difficulty sleeping, fatigue, feelings of worthlessness or guilt, difficulty concentrating, thinking, or making decisions, and thoughts of suicide or death.

### 5.1.1 Activity: Video | Neuroscience of Depression

**<Begin learning-activity>**

**Estimated Time:**

I invite you to watch the following YouTube clip to introduce yourself to the various hypotheses that link brain activity to the development and maintenance of depression.

* [*10-Minute Neuroscience: Depression*](https://www.youtube.com/watch?v=1euK8OSIR9E) (2023)

<https://www.youtube-nocookie.com/embed/1euK8OSIR9E>

**Questions to Consider**

1. What are some of the hypotheses that this video covers?
2. What has been the traditional or original hypothesis? Why?
3. What is neuroplasticity and neurogenesis?
4. What area of the brain does neuroplasticity and neurogenesis take place in?

**Optional Video | How Depression Affects the Brain**

* [*How Depression Affects the Brain – Yale Medicine Explains*](https://www.youtube.com/watch?v=BZOLxSQwER8) (2021)

<https://www.youtube-nocookie.com/embed/BZOLxSQwER8>

**<End learning-activity>**

### 5.1.2 Activity: Read | *I Don’t Want to Talk About It*

**<Begin learning-activity>**

**Estimated Time:**

In his work as a psychotherapist, Terry Real has made a significant contribution to the discussion of male depression and advocacy for it. The publication of his book *I Don’t Want to Talk About It* (1998) created a significant wave in the field of psychology, and he has been presenting on the subject ever since. Real incorporates his own narrative and his own journey through depression into the book. The teaser below is only a brief excerpt, and you are encouraged to read the whole book.

* [*Men’s Hidden Depression*, Chapter 1](assets/u4/Real_Ch_1.pdf) (1998)

**Questions to Consider**

After reading the chapter consider the following questions:

1. How does this description of Real’s father relate to the intersection of both trauma and depression?
2. Why do we tend not to recognize depression in men?
3. What is the percentage of people who never get help for depression?
4. What, according to Real, produces depression?
5. What are some of the signs of depression in men?
6. What do people tend to view depression as?
7. What compounds a depressed man’s condition?
8. Why do men die earlier than women?
9. What is the stigma around depression?
10. What is covert depression?

Please view the following video, not for information regarding psychotherapy or suicide psychology, but rather to understand what Terry Real is describing as male hidden depression in this video.

* [*What I Learned From My Husband’s Suicide*](https://www.youtube.com/watch?v=Jb_1IklnhaU) (2020)

<https://www.youtube-nocookie.com/embed/Jb_1IklnhaU>

**<End learning-activity>**

### 5.1.3 Activity: Familiarize Yourself With the PHQ-9

**<Begin learning-activity>**

**Estimated Time:**

Take a moment to read a patient health questionnaire that is commonly used to assess depression in patients. This is one of many scales available.

* [*Patient Health Questionnaire—PHQ-9*](https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/depression_patient_health_questionnaire.pdf) (1999)

**<End learning-activity>**

### Suicidality

Suicidality includes suicide attempts as well as suicidal ideation. A suicidal ideation is the presence of suicidal thoughts. A person may experience suicidal ideation in a variety of ways, from fleeting and unwelcome thoughts, to a preoccupation with death that requires extensive planning.

In this section you will read older sources which provide a very good explanation of what suicide is. It is important to note, however, that we no longer refer to someone as committing suicide, but rather as someone dying by suicide. Making this distinction is important, as it emphasizes the importance of depression and suicide, and how in those extremely dark moments, it would not be a choice to commit suicide.

### 5.1.4 Activity: Watch & Read | Shneidman

**<Begin learning-activity>**

**Estimated Time:**

Edwin Shneidman is known as the “father of suicide” and has used the term “psychache” to describe the psychological pain that underlies suicidal acts. Take note in this article of both his name and the reference to his coined term “psychache,” as it is one of our goals throughout this course to refer to some of the original researchers.

Watch the following video of Dr. Shneidman talking about some of his work.

* [*My Suicide Shneidman Sequence QT*](https://www.youtube.com/watch?v=0KAE5IGOTxw) (2014)

<https://www.youtube-nocookie.com/embed/0KAE5IGOTxw>

**Questions for Reflection**

1. How did you respond to the way Shneidman talks about suicidology?
2. Is there anything that you would agree or disagree with and why?

Read Shneidman’s [*Contributions to the Understanding of Suicidal Thinking*](assets/u4/Cognition_and_Suicide.pdf) (2006)

**Questions to Consider**

1. What is psychache?
2. What did Shneidman analyze as his preliminary research?
3. What are the 10 commonalities of suicide?
4. What is the cubic model of suicide?
5. What is the most dangerous period for a suicide attempt?
6. What measure did Shneidman develop?
7. What was a central aspect to Shneidman’s clinical approach?
8. What is anodyne therapy? How does it relate to EFFT?

**<End learning-activity>**

### 5.1.5 Activity: Read | Suicide Clusters

**<Begin learning-activity>**

**Estimated Time:**

Read the following research article about suicide clusters.

* [*Suicide Clusters: A Review of Risk Factors and Mechanisms*](https://doi-org.twu.idm.oclc.org/10.1111/j.1943-278X.2012.00130.x) (2013)

Watch the following video about suicide clusters (note that the video is 6:42 minutes long).

* [*‘Suicide Cluster’ in Palo Alto: Students Share Stories of Anxiety, Depression*](https://www.youtube.com/watch?v=F6S3jcJ-Imw) (2016)

<https://www.youtube-nocookie.com/embed/F6S3jcJ-Imw>

**Questions to Consider**

Consider the following questions to help guide your learning.

1. What is the definition of a suicide cluster?
2. What are the two types of clusters?
3. What population is most at risk for suicide clusters?
4. What gender are suicide clusters more common among?
5. Where is the copycat effect more prevalent?
6. What does “contagion” mean?
7. What is the Werther effect?
8. What does the process of imitation rely on?
9. What is priming?
10. List some of the proposed theories of suicide clusters.

**<End learning-activity>**

### Eating Disorders

An eating disorder is a behavioural condition characterized by persistent and severe disturbances of eating behaviours, as well as distressing thoughts and emotions. Physical, psychological, and social functioning can all be affected by these conditions. In addition to anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restriction of food intake disorder, and pica and rumination disorders, there are several other eating disorders.

### 5.1.6 Activity: Watch | *What is an Eating Disorder?*

**<Begin learning-activity>**

**Estimated Time:**

Cynthia Bulik, a leading researcher in the field of eating disorders, gives an overview of what eating disorders are and how common they are.

* [*Cynthia Bulik on Eating Disorders*](https://www.youtube.com/watch?v=Fxe6WLNSxcw) (2010)

<https://www.youtube-nocookie.com/embed/Fxe6WLNSxcw>

**Questions to Consider**

After watching the video consider the following questions to help you track your learning.

1. What are the three different types of eating disorders discussed and what are their descriptions?
2. How prevalent are eating disorders?
3. What contributes to an eating disorder?
4. In which eating disorder is the sex ratio more equal?
5. What new research is coming?

**<End learning-activity>**

### 5.1.7 Activity: Optional Read | Emotional Eating

**<Begin learning-activity>**

**Estimated Time:**

Janet Treasure is a well-known therapist and professor in the field of eating disorders in England. She has published a number of papers, and also focuses on the role of the family in the healing process. Her animal models appear in our manual on EFFT.

Read the following article by Treasure and her colleagues (2022):

* [*Novel Approaches to Tackling Emotional Loss of Control of Eating Across the Weight Spectrum*](https://www.cambridge.org/core/journals/proceedings-of-the-nutrition-society/article/novel-approaches-to-tackling-emotional-loss-of-control-of-eating-across-the-weight-spectrum/320DBB5D71D83A6C8597BEFAE7BAAEA9) (2022)

**Questions to Consider**

After reading, consider the following questions and use them to help you keep track of your learning.

1. What are the three types of eating disorders?
2. Why don’t people with binge eating disorder generally seek help?
3. What risk factors are associated with binge eating disorder?
4. What system in the brain is overeating associated with?
5. What might drive overeating after it becomes a habit? Changing from “outcome driven” to …?
6. What are the key neurotransmitters involved in body weight, appetite, and food intake?

**<End learning-activity>**

## 5.2 What Causes Mental Health Issues?

The aim of this discussion is to explore some of the potential causes of mental health issues. It’s important to note that identifying a single cause of mental illness is often difficult, as multiple factors can contribute to its development. As we have previously discussed, these factors may include early adverse life experiences such as trauma, as well as a history of abuse, whether directly experienced or witnessed. Refer back to the diagram we looked at earlier, which outlines various contributors to the development of mental health issues. Extensive research also shows that mental health problems can be linked to chronic medical conditions such as cancer or diabetes. Additionally, biological factors, chemical imbalances in the brain, and changes in brain structure due to alcohol or drug use can play significant roles. Our brains, bodies, and emotions are deeply interconnected, making it challenging to pinpoint direct causes and effects.

In this section we will discuss some of the research behind why mental health issues occur. As we continue our study of the brain, draw upon the knowledge you have gained from the previous units. The topic of depression will be discussed first, followed by suicidality, and then eating disorders.

### Depression

While depressive disorders are often labelled as chemical imbalances, this oversimplifies their complexity. Research shows that depression isn’t simply caused by a lack or excess of certain brain chemicals. Factors such as faulty mood regulation, genetic vulnerability, and stressful life events all contribute, often interacting with one another. Individuals with similar symptoms of depression may have entirely different underlying causes, and respond to different treatment approaches.

### 5.2.1 Activity: Read | *I Don’t Want to Talk About It*, Chapter 4

**<Begin learning-activity>**

**Estimated Time:**

Terry Real’s book provides insight into how and why depression develops. This chapter will focus on the relationship between trauma and depression, which we discussed extensively in our first unit.

As you will see in the following chapter, Real is a very systemic therapist. Notice the emphasis on process rather than content—**how** the client is showing up rather than what the client wishes to discuss or share. Observe how Real’s approach relates to our learning of EFFT.

* [*I Don’t Want to Talk About It*, Chapter 4](assets/u4/Real_Ch_4.pdf) (1998)

**Questions to Consider**

After reading this chapter, consider the following questions and use them as a tool to help you process the information from your reading.

1. Why is crisis a potential ally in therapy?
2. What is a body memory?
3. What needs to stop in order for underlying depression to rise to the surface?
4. What did John Bowlby study and how does it relate to the manifestation of depression?
5. What does childhood injury in boys create?
6. What is major depression versus dysthymia?

**<End learning-activity>**

### 5.2.2 Activity: Optional Read | *The Bible*, Psalm 88

**<Begin learning-activity>**

**Estimated Time:**

* Take a look at [Psalm 88](https://www.biblegateway.com/passage/?search=Psalm%2088&version=NIV), one of the darkest psalms in the Bible.

**Reflect**

* In what state is the author in despair and what questions does he ask?
* Is there anything in this that stirs your emotions?

**<End learning-activity>**

### Suicide

Suicide ideation is a very prevalent issue in our society. For those who have never experienced suicide ideation or been close to that moment of contemplation, it can be difficult to imagine the reasoning behind how this can occur. In this next section we will explore why suicide ideation might occur and why such ideation can lead to dying by suicide. As with our previous units, we will spend time looking at the brain and what brain activity occurs when suicide ideation is present.

### 5.2.3 Activity: Video | Suicide and the Brain

**<Begin learning-activity>**

**Estimated Time:**

Dr. Daniel Amen is a prominent researcher who studies the brain in relation to mental health problems; we have previously discussed some of his work.

He is not a very empathetic speaker, and some do not agree with some of his approaches (for example guilting clients). Nevertheless, he is a solid researcher and it is important to understand his perspective and how he looks at the brain.

* [*The Science Behind Suicidal Thoughts*](https://www.youtube.com/watch?v=GJkTElq8UFM) (2019)

<https://www.youtube-nocookie.com/embed/GJkTElq8UFM>

**Questions to Consider**

After watching the video consider the following questions and use them as a tool to help you process the information.

1. What is the percentage of people who have entertained the thought of suicide?
2. How many have attempted suicide?
3. In those who died by suicide, what area of the brain had lower functioning?
4. What are some conditions that can be associated with dying by suicide?

**<End learning-activity>**

### 5.2.4 Activity: Read | Risk Factors for Depression and Suicide Ideation

**<Begin learning-activity>**

**Estimated Time:**

In this activity you will read two articles and reflect on their respective questions. The second article is an optional read. In the first article you will learn about the risk factors associated with adolescents with complex depression.

Van Velzen, L. S., Toenders, Y. J., Kottaram, A., Youzchalveen, B., Pilkington, V., Cotton, S. M., Brooker, A., McKechnie, B., Rice, S., & Schmaal, L. (2022). Risk factors for suicide attempt during outpatient care in adolescents with severe and complex depression. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*.

* [*Risk Factors for Suicide Attempt During Outpatient Care in Adolescents With Severe and Complex Depression*](https://econtent.hogrefe.com/doi/10.1027/0227-5910/a000860) (2022)

**Questions to Consider**

After reading, consider the following questions and use them as a tool to help you process the information.

1. Why is suicide risk assessment a crucial part of suicide prevention?
2. What are some of the risk factors that have been identified by previous studies?
3. What are some risk factors identified by this study?
4. How might parental divorce or separation increase suicide risk in adolescents?
5. What were the authors’ conclusions?

Here is an article that addresses all three mental health issues that we are discussing. As we have stated previously, mental health issues have the potential to affect one another and coexist with one another.

* [*The Role of Body Image and Disordered Eating as Risk Factors for Depression and Suicidal Ideation in Adolescents*](assets/u4/The_Role_of_Body_Image.pdf) (2009)

**Questions to Consider**

After reading, consider the following questions and use them as a tool to help you process the information.

1. Why do research results suggest that bulimic symptoms are related to depression?
2. How much higher is the risk of suicide for those struggling with anorexia versus the broader public?
3. How are suicide ideation and body image related?
4. What did this study hypothesize or predict?
5. What was found to have a direct effect on suicide ideation?
6. What are the implications of these findings?
7. Was gender a factor in the results?
8. What are some of the limitations of this study?

**<End learning-activity>**

### Eating Disorders

The exact cause of eating disorders is unknown. As previously discussed, there are many possible causes of mental illness. Psychological, environmental, and social factors may contribute to the development of eating disorders in some individuals due to their genes and relational issues.

### 5.2.5 Activity: Video | Eating Disorders and the Brain

**<Begin learning-activity>**

**Estimated Time:**

In this video you will learn how eating disorders affect the brain, and what is the difference between a well-functioning brain and a brain affected by an eating disorder.

* [*The Eating Disorder Brain vs. The Well Brain: Effects of the Starving Brain and Eating Disorders*](https://www.youtube.com/watch?v=V44xLqCmV2U) (2021)

<https://www.youtube-nocookie.com/embed/V44xLqCmV2U>

**Questions to Consider**

After watching the video, consider the following question and use it as a tool to help you process the information.

1. What is the difference between a well brain and an eating disorder brain?

**<End learning-activity>**

### 5.2.6 Activity: Read | Eating Disorders and Generational Influences

**<Begin learning-activity>**

**Estimated Time:**

As part of the EFFT curriculum we are taught that families have a profound impact on treatment outcomes. I have selected the following article in order to illustrate this point.

* [*Last Word: Ending the Intergenerational Transmission of Body Dissatisfaction and Disordered Eating: A Call to Investigate the Mother-Daughter Relationship*](https://doi-org.twu.idm.oclc.org/10.1080/10640266.2020.1712635) (2021)

**Questions to Consider**

1. What is a predictor of subclinical and clinical eating disorders?
2. What do mothers act as and why is that important?
3. How can eating disorders be influenced directly and indirectly?
4. Did endorsing lower body satisfaction motivate girls to engage in healthful habits? Why or why not?
5. What is the “call to action?” What do the authors recommend?

**<End learning-activity>**

### 5.2.7 Activity: Optional Read | Eating Disorders and Caregiver Involvement

**<Begin learning-activity>**

**Estimated Time:**

An important study related to eating disorders and EFFT intervention is reported in this research article. It is likely that by this point you will recognize some of the researchers’ names and have some understanding of some of the concepts they are discussing.

* [The Influence of Carer Fear and Self-Blame When Supporting a Loved One With an Eating Disorder](assets/u4/Article_EDEFFT.pdf), *Eating Disorders: The Journal of Treatment and Prevention* (2016).

**Questions to Consider**

After reading, consider the following questions and use them as a tool to help you process the information.

1. What was identified as the most necessary factor for a positive outcome for clients?
2. What was the result of the EFFT 2-day caregiver workshop?
3. What happens when caregivers experience intense emotion?
4. What is the hypothesis for this study? What are the authors hoping to prove?
5. What did they find that fear predicted?
6. What was one concern that was brought up about caregiver involvement? What were the suggestions to help mitigate this?

**<End learning-activity>**

## 5.3 How Do We Work With Mental Health Issues

To effectively assist a client or friend or family member with a mental health issue it is helpful to know what resources are available both to support the client or loved one as well as to support you. As there are many variables to consider when treating mental health issues, each client’s treatment will differ. This topic will include readings and activities designed to facilitate this learning.

EFFT was developed as a result of studies conducted with people who suffer from eating disorders. Thus, you will find this section to be complementary to your learnings about EFFT. We will begin by exploring some of the community resources that are available.

### 5.3.1 Activity: Explore | Community Resources

**<Begin learning-activity>**

**Estimated Time:**

Do you have access to any resources in the area where you work? When a crisis arises, how can you help? The following are just a few options available; we recommend exploring more.

**Suicidality**

* [*Lines for Life: Services and Crisis Lines*](https://www.linesforlife.org/services/?gclid=CjwKCAjwiJqWBhBdEiwAtESPaKW7--GMkzJZnQuCT_XwP3G6d21vLiBhQ9OKMoj7rF6IapSS2fHcsRoC2T8QAvD_BwE) (n.d.)
* [*The Crisis Centre of BC*](https://crisiscentre.bc.ca/get-help/) (n.d.)

**Depression**

* [*Healthline: How can I get Help for Depression*](https://www.healthline.com/health/depression/help-for-depression#other-treatments) (2024)

**Eating Disorders**

* [*National Eating Disorder Information Centre*](https://nedic.ca/) (n.d.)

**General Help**

* [*Foundry: You Matter*](https://foundrybc.ca/youmatter/?gclid=CjwKCAjwq5-WBhB7EiwAl-HEkk2herv2QF8l8z0Q5Afj8zb5XwY9G_3MzgcweKhJ5aUTuDU7vupErBoCNWcQAvD_BwE) (n.d.)
* [*eMentalHealth*](https://www.ementalhealth.ca/) (n.d.)

**<End learning-activity>**

### 5.3.2 Activity: Practice | Emotion Coaching and Behaviour Coaching

**<Begin learning-activity>**

**Estimated Time:**

In this section we will practice our skills of emotion coaching and behaviour coaching. While this may seem repetitive, the more you practice, the easier it will become. The EFFT manual (Lafrance et al., 2020) contains suggestions for behaviour coaching strategies for depression, as well as what people with depression require in terms of emotional support. As an example, consider a scenario in which a parent seeks your assistance with their child who is suffering from depression. You will assist the parent in developing a script that they can use at home with their child.

Use the tool below to help in developing your script. Remember that if you close your browser, the work done will not be saved, so you might wish to download or save the file.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=483>

**<End learning-activity>**

### 5.3.3 Activity: EFFT and Suicidality

**<Begin learning-activity>**

**Estimated Time:**

In order to conduct a preliminary assessment it is extremely important to understand the signs of possible suicidal behaviour. In accordance with the literature, the risk assessment should not be regarded as an absolute. Continual monitoring and assessment are essential, especially at the beginning of your career. One of the exceptions to confidentiality, (as has been discussed in SOCI 400) is when there is a risk of harm to oneself or another. Whenever you suspect that your client’s life is in danger, you must report it to the appropriate authorities.

* [*Suicide Risk: Detecting & Assessing Suicidality*](https://www.camh.ca/en/professionals/treating-conditions-and-disorders/suicide-risk/suicide---detecting-and-assessing-suicidality) (2019)

For this section on suicide, you will write a validation statement that explains why someone might commit suicide. Suicide is one of the most difficult issues to validate, since when we validate it, especially in this circumstance, we might feel as though we are encouraging the individual to carry out the action. However, in keeping with what we have read and what the research shows, validation actually gives the other the feeling that they are not alone—that someone understands and is willing to share dark places with them.

This validation statement will not be accompanied by an actual scenario. Instead, imagine someone sitting in front of you saying, “I want to end my life,” and think about why they might want to do so.

Use the tool below to assist you. Remember to save or download your work before you close your browser.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=484>

**<End learning-activity>**

### 5.3.4 Activity: EFFT and Eating Disorders

**<Begin learning-activity>**

**Estimated Time:**

It has been shown in the literature that parental body image (in particular, a mother’s) and eating habits can be associated with the manifestation of an eating disorder in their loved one. Note that this is a correlation and not a causation. This is important in relieving caregiver self-blame, and then empowering a caregiver or parent to become a part of the healing process. There is evidence to support the benefits of caregiver involvement in the literature we have been reading.

If a caregiver has struggled or continues to struggle with an eating disorder or body dysmorphia, it may hinder their ability to participate in the healing process of their loved one.

Complete the exercise given in the tool below. Remember to save or download your work before you close your browser.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=485>

**<End learning-activity>**

## Summary

You have learned about three different major mental health issues in this fourth unit: depression, suicidality, and eating disorders. As part of this unit you have learned what a mental health issue is, why it occurs, and how it can be dealt with considering the resources available. Additionally, you have practiced with case scenarios. Having acquired a broad understanding of each mental health issue, you will be prepared to begin validating these very difficult conditions. In the event that you were triggered or stirred up in any way by this unit’s discussions, I encourage you to take care of yourself and seek out someone to talk to, as well as implement any other grounding techniques you find helpful.

**<Begin checking-your-learning>**

Before you move on to the next unit you may want to check that you are able to:

1. Demonstrate knowledge of some of the major researchers in the field of mental health
2. Engage in conversations about suicidality, eating disorders, and self-harm
3. Start conceptualizing mental health crisis cases
4. Practice the skill of validation as outlined in EFFT
5. Develop a preliminary treatment plan and know where to find resources and further specialized training

**<End checking-your-learning>**

## References

# 6. Work with Stress and Resilience

## Overview

In Unit 5, both stress and resilience will be explored in detail. While these may appear to be distinct topics, they are deeply interconnected. Stress is an inevitable part of life, arising from various external and internal pressures, while resilience is the capacity to adapt and bounce back from these challenges. The relationship between the two is significant: the more resilient we become, the better we are at managing stress. Although stress will always exist, a resilient individual can approach it differently, viewing obstacles as opportunities for growth rather than insurmountable difficulties. Resilience doesn’t eliminate stress, but it transforms the way we interact with it. With greater resilience, stressful situations are less likely to overwhelm us, and we develop healthier coping mechanisms. Instead of being paralyzed or drained by stress, resilience empowers us to stay grounded, think clearly, and respond effectively. Through building resilience, we gain the tools to reduce the impact of stress on our emotional, mental, and even physical well-being. In other words, by strengthening our resilience, we can significantly alter our experience of stress, making it less of a burden and more of a manageable part of our personal and professional lives.

### Topics

This unit is divided into the following topics:

1. Stress and Resilience
2. The Development of Stress and Resilience
3. Strategies for Dealing with Stress and Resilience

### Unit Learning Outcomes

When you have completed this unit you will be able to:

1. Identify some of the major researchers in the field of resilience and stress
2. Demonstrate and practice what wellness and thriving could look like
3. Describe the brain under stress and how resilience is built
4. Conceptualize a case dealing with stress and resilience
5. Practice the skill of validation as outlined in EFFT
6. Develop a preliminary treatment plan and know where to find resources and further specialized training

### Learning Activities

Here is a list of learning activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Video and Read: The “Fathers” of Stress and Resilience
2. Read: Stress Management and Prevention, Chapter 1
3. Reflect (Optional): Stress
4. Video: What is Resilience?
5. Video: Daniel Siegel—Empathy and Resilience
6. Read: Stress Management and Prevention, Chapter 2
7. Video: An Illustration
8. Read: Gordon Neufeld Institute
9. Video (Optional): The Power of Vulnerability—Brené Brown
10. Video: Dan Siegel on Neurobiology and Resilience
11. Read and Write: Case Study

*Note:* Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End learning-activity>**

## Assessment

Please see the Assessment section in Moodle for assignment details.

### References

Here are the resources you will need to complete this unit.

* Lafrance, A., Henderson, K. A., & Mayman, S. (2020). *Emotion-Focused Family Therapy: A Transdiagnostic Model for Caregiver-Focused Interventions*. American Psychological Association.
* Other online resources will be provided in the unit.

## 6.1 Stress and Resilience

Stress and its manifestation in the body are the topics we explore in Unit 5. As research shows, experiencing stress is detrimental to our bodies and our health in general. It is therefore very important to develop and expand our resilience in order to properly handle and interact with stress.

In the same manner as in previous units, I would like to acknowledge and hear from those who have contributed to the field of stress and resilience research. Although the scope of research has expanded greatly, it is important to recall where we began.

### 6.1.1 Activity: Video and Read | The “Fathers” of Stress and Resilience

**<Begin learning-activity>**

**Estimated Time:**

**Dr. Hans Seyle**

In the world of stress management, Hans Selye is widely acknowledged as the “father of the field.” As such, he is a Canadian resource for the rest of the world. Over 1,700 scholarly papers and 39 books were published by Dr. Selye following his first scientific paper to identify and define “stress” in 1936. His work was cited in more than 362,000 scientific papers and in countless popular magazine articles, in nearly every major language, and in every country in the world by the time of his death in late 1982. There is no doubt that he is the most frequently cited author on stress in the world. Selye proposed that throughout a period of exposure to a nonspecific demand, stress remains present in an individual’s body. Among his distinctions, Selye called the cumulative effects of chronically applied stressors “general adaptation syndrome,” also known as Selye’s syndrome in the literature.

Dr. Selye is one of the founders of the Canadian Institute of Stress. You may wish to spend a few minutes exploring their [website](https://stresscanada.org/) (2024).

Watch the following video to learn more about one of Dr. Hans Selye’s major contributions to stress research. Please note that the video is 4:01 minutes long.

* [*Hans Selye’s General Adaption Syndrome and the HPA Axis: Exploring the Connection*](https://www.youtube.com/watch?v=9FdmxfXrygA) (2017)

<https://www.youtube-nocookie.com/embed/9FdmxfXrygA>

**Questions to Consider**

After viewing the video consider the following questions and use them as a tool to help you process the information.

1. What is general adaptation syndrome?
2. What is it better described as?
3. What is the HPA? How can it weaken?

**Norman Garmezy**

The resilience theory is regarded as the brainchild of Norman Garmezy, the “father” of resilience theory. In addition to his work in developmental psychopathology, Garmezy was a professor of psychology; he held positions at Duke University (1950–1961) and the Institute of Child Development at the University of Minnesota (1961–1989) after receiving his doctorate from the University of Iowa in 1950. His early work focused on the etiology of schizophrenia, but his later work focused on child development risks, resilience, stress, and coping. We will spend some time getting to know his research, even though there have been further advances since his discoveries in the 1980s and 1990s.

* We will be reading from Ann Masten’s book, [*Ordinary Magic*](assets/u5/Ordinary_Magic_Introduction.pdf) (2025).

Ann Masten is a prominent resilience researcher and professor of child development at the University of Minnesota. She is widely recognized for her work on resilience in children and how they thrive despite adversity. In her book *Ordinary Magic* (2025), Masten explores the concept of resilience, arguing that it is not a rare, extraordinary trait but a common capacity that arises from ordinary human resources such as supportive relationships, problem-solving skills, and community support. The book highlights the power of everyday systems that foster resilience in individuals facing challenges. Masten studied under Garmezy—take note of when he is mentioned.

**Questions to Consider**

After completing the reading above, consider the following questions and use them as a tool to help you process the information.

1. The key individuals who initiated studies on resilience in children were a part of which historic event?
2. What are the four waves of resilience science?
3. What was the biggest surprise that emerged from the study of children who overcome adversity?
4. What does the word resilience mean?
5. What two kinds of evaluation are required to identify resilience in a person’s life?
6. What are some examples of risk factors?

**<End learning-activity>**

### 6.1.2 Activity: Reading | *Stress Management and Prevention*, Chapter 1

**<Begin learning-activity>**

**Estimated Time:**

To begin our conversation on stress and its meaning, please read the resource below.

* [*Stress Management and Prevention*, Chapter 1](assets/u5/Stress_Management_And_Prevention_Ch_1.pdf) (2017)

This chapter’s Key Questions will be used as our Questions to Consider section. Reading these ahead of time will assist you in guiding your reading.

**Questions to Consider**

After reading, consider the following questions and use them as a tool to help you process the information.

1. What are the different ways that stress can be defined and conceptualized?
2. What are the different ways that people respond to adversity in their lives?
3. Stress is ordinarily thought of as a fairly negative state, something to be avoided whenever possible. But how can stress be highly functional and operate as a survival mechanism?
4. What is the general adaptation syndrome (GAS) and how does it function during times of stress?
5. What is the primary goal of stress management? Can such a program completely eliminate stress?
6. What are major sources of stress and how are they recognized?
7. How do you interpret the following statement: Stress is not what exists on the outside, but how you perceive a situation on the inside?

**<End learning-activity>**

### 6.1.3 Activity: Optional Reflection | Stress

**<Begin learning-activity>**

**Estimated Time:**

Consider the following questions and use the tool below to save your notes. Note that the active browser will not save your responses so you will need to save or download your document before closing it. You may wish to download the document on your computer or device to work on it.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=489>

**<End learning-activity>**

### 6.1.4 Activity: Video | What is Resilience?

**<Begin learning-activity>**

**Estimated Time:**

Different perspectives and points of view can be taken into account when discussing resilience. For an overview and introduction to resilience, watch the following video. Please consider that this video is 2.29 minutes long.

* [*The Science of Resilience*](https://www.youtube.com/watch?v=1r8hj72bfGo) (2015)

<https://www.youtube-nocookie.com/embed/1r8hj72bfGo>

**<End learning-activity>**

### 6.1.5 Activity: Videos | Daniel Siegel—Empathy and Resilience

**<Begin learning-activity>**

**Estimated Time:**

The researcher Daniel Siegel is well known for his theory of interpersonal neurobiology, which explains how the brain, mind, and body are interconnected. Throughout his work he emphasizes the importance of resilience. Rather than reading some of his books and articles, we will view some of his YouTube talks:

**Building Resilience**

* [*Building Resilience in Care Providers*](https://www.youtube.com/watch?v=RkC8hx-_k3Y) (2019)

<https://www.youtube-nocookie.com/embed/RkC8hx-_k3Y>

**Questions to Consider**

After watching the video consider the following questions and use them as tools to help you process the information.

1. What are the five states of empathy?
2. What does compassion build on?
3. What are the two states of the brain that Siegel describes?
4. What is the metaphor that Siegel uses about the importance of awareness with resiliency?

**Opportunities to Build the Circuits of Kindness and Resilience**

This next video focuses on parents building resilience with their children.

* [*Building the Circuits for Kindness and Resilience*](https://www.youtube.com/watch?v=0XG8uOWEBbc) (2012)

<https://www.youtube-nocookie.com/embed/0XG8uOWEBbc>

**Questions to Consider**

After watching the video consider the following questions and use them as tools to help you process the information.

1. When are the first circuits of kindness and resilience growing?
2. What moments does Siegel encourage us to reframe?
3. How do you see this video by Siegel as related to issues that EFFT explores?
4. What is the opportunity to build kindness and resilience that Siegel talks about?

**<End learning-activity>**

## 6.2 The Development of Stress and Resilience

The purpose of this section is to discuss how and why stress occurs, and how we can enhance our resilience to minimize stress; that is, as Siegel explains, by increasing our awareness, we will be able to handle things with less impact when they occur—despite the fact that they may still affect us, they will not have the same negative impact.

### 6.2.1 Activity: Read | *Stress Management and Prevention*, Chapter 2

**<Begin learning-activity>**

**Estimated Time:**

In this chapter we will examine how stress manifests in the body and how our body responds to stress. We should note that this is a continuation or a parallel from our previous learning about trauma. You are not expected to memorize all of the details or remember all of the parts of the body affected. This article is intended to give you a general understanding of how stress affects the body and how it can manifest itself.

Read p. 30 to the end of the chapter. Pay particular attention to pages 36–37, and observe how they are aligned with our understanding of EFFT. The Questions to Consider section will be based on the Key Questions in the chapter. By reading these ahead of time, you will be able to guide your reading.

* [*Stress Management and Prevention*, Chapter 2](assets/u5/Stress_Management_And_Prevention_Ch_2.pdf) (2017)

**Questions to Consider**

Consider the following questions and use them as tools to help you process the information.

1. Why is it important to study the physiological basis of stress responses?
2. How can you apply what you learned in this chapter to understand better why people struggle so much in their lives?
3. How can studying the physiology of stress assist you in making sense of your own stress reactions, as well as those you witness in others?
4. How do chronic stress and anxiety affect the various systems in the body?
5. How do the nervous and endocrine systems work together to coordinate the body’s responses to stress?
6. How do the sympathetic and parasympathetic nervous systems work in concert to control physiological stress responses?
7. What are the body’s sequential steps in responding to perceived threats?
8. How is the immune system affected by chronic stress?
9. What are the risk factors associated with heart disease and other chronic health conditions?
10. How is sexual functioning affected by chronic or acute stress?
11. What are some ways that stress is helpful?

**<End learning-activity>**

### 6.2.2 Activity: Video | An Illustration

**<Begin learning-activity>**

**Estimated Time:**

This video with Dr. Gabor Maté on the connection between stress and disease illustrates how the body and the brain are connected and how stress manifests itself in the body. For the sake of time, let’s watch this clip to get an idea of the book’s content.

* [*Dr. Gabor Maté on the Connection Between Stress and Disease*](https://www.youtube.com/watch?v=ajo3xkhTbfo&t=1861s) (2019)

<https://www.youtube.com/watch?v=ajo3xkhTbfo&t=1861s>

**Questions to Consider**

After watching the video consider the following questions to help guide your learning.

1. Who is the illustration about at the beginning of the clip? At what age did she die?
2. What does Maté mean by responsibility?
3. What does Maté describe we have to do in order to maintain an attachment relationship? When does illness arise?

**<End learning-activity>**

### 6.2.3 Activity: Read | Gordon Neufeld Institute

**<Begin learning-activity>**

**Estimated Time:**

You may find the following article on the Neufeld Institute helpful in understanding how resilience develops and how it can be fostered. The work of Gordon Neufeld in the area of parenting and family work has made him an internationally recognized researcher.

* [*Neufeld Institute*](https://neufeldinstitute.org/resilience-embracing-the-emotional-journey/) (n.d.)

**Questions to Consider**

After reading, consider the following questions and use them as a tool to help you process the information.

1. How does Gordon Neufeld describe resilience?
2. What is the difference between true resilience and false resilience?
3. What happens when we are overloaded?
4. Finish this quote, “We already have inside of us the ingredients to allow healing to occur, we just need …” (MacNamara, n.d.)

**<End learning-activity>**

## 6.3 Strategies for Dealing with Stress and Resilience

Being resilient means overcoming setbacks and challenges such as losing a job, facing illness, experiencing a disaster, or grieving a loved one. These stressful events can lead people to unhealthy coping mechanisms such as substance abuse, eating disorders, or risky behaviours, which can make them feel stuck in their problems or victimized. While resilience doesn’t eliminate difficulties, it helps people look beyond them, find joy in life, and handle stress more effectively.

This is another opportunity for us to continue learning from EFFT. The goal is for you to have a reasonably good understanding of what validation entails by now. In this section we will develop a validation statement and add a behaviour coaching component.

### 6.3.1 Activity: Optional Watch | *The Power of Vulnerability*—Brené Brown

**<Begin learning-activity>**

**Estimated Time:**

Brené Brown has spent the past two decades studying courage, vulnerability, shame, and empathy at the University of Texas at Austin McCombs School of Business. Five of her books are New York Times bestsellers.

Please watch this video from Brown, who is well known for her work on vulnerability, shame, courage, and their relationship to resilience before starting the EFFT exercises and reading. It is likely that you have heard Brown speak before, but I encourage you to listen to her again and consider how working on shame, vulnerability, and courage can also cultivate resilience within you while working in the therapy room. This is Brown’s first TED Talk that is well known to most people; it captured the attention of the nation.

* [*The Power of Vulnerability*](https://www.ted.com/talks/brene_brown_the_power_of_vulnerability?language=en) (2010)

**Questions to Consider**

After watching the video consider the following question and use it to help you process the information.

1. How does working on alleviating our shame build and foster resilience? Describe the connection.

**<End learning-activity>**

### 6.3.2 Activity: Watch | Dan Siegel on Neurobiology and Resilience

**<Begin learning-activity>**

**Estimated Time:**

This short video by Siegel discusses how to build resilience and connection by focusing not only on the individual, but on the collective “we.”

* [*On Neurobiology and Resilience*](https://www.youtube.com/watch?v=Zriw-jShjzY) (2015)

<https://www.youtube-nocookie.com/embed/Zriw-jShjzY>

**<End learning-activity>**

### 6.3.3 Activity: Case Study

**<Begin learning-activity>**

**Estimated Time:**

Please refer back to the *EFFT Manual* (Lafrance et al., 2020) if you need any reminders on emotion coaching or behaviour coaching.

In regard to stress and resilience specifically, I quote this text from our *EFFT Manual*:

There is strong evidence to suggest that emotional intelligence (which includes emotion management, emotion perception, and emotion utilization) moderates the relationship between stress and mental health concerns in adolescents and adults, including depression, hopelessness, and suicidal ideation (Ciarrochi, Deane, & Anderson, 2002; Extremera & Fernandez-Berrocal, 2006). Taken together, these studies suggest that a focus on the development and refinement of emotion processing and regulation can serve to buffer against the experience of life stressors. For these reasons, the EFFT clinician also works with caregivers to equip them with the skills of emotion coaching to support their loved one’s wellness. Over time, their loved one develops self-efficacy with emotion processing—that is, the capacity and confidence to experience, tolerate, regulate, and be guided by their emotions without need of maladaptive coping strategies. In addition to supporting in the moment emotion processing and the development of the capacity to self-regulate, emotion-coaching skills enhance treatment in various ways. As caregivers adopt this new style of relating to their loved one, their relationship will strengthen and their efforts to support their loved one with behavioral symptoms will be more effective and better received. As symptoms decrease, caregivers can also support their loved one to manage the flood of emotions that sometimes follow. This work will also provide loved ones with evidence of their caregiver’s capacity and willingness to support them with their emotional pain, making it more likely that they will turn to the caregiver for support in times of stress. (Lafrance et al., 2020)

Read the following case study and then spend some time creating a validation statement for this particular client. We will be emotion-coaching this client and adding a “behaviour intervention” that will help the client to deal with their ongoing stress in their life. You may come up with your own ideas for things that might help alleviate stress based on the class readings or your own experience, or you can also look up some suggestions if you would like. Note that you would do a lot more work than just this single emotion-coaching session before suggesting a way to cope: in real time, you really need to spend time in validation with the client, really understanding what they are saying and conveying that you “get it.”

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=499>

**<End learning-activity>**

## Summary

In this unit you have learned about stress and resilience. It is so important that we understand how prolonged stress can affect our bodies and how urgent it is to take action. The fact that we can build up our resilience tangibly should also encourage you. This may be easier to do when we are young, but it is also possible to do when we are older. Fortunately, the brain is very malleable and resilience can still be taught and learned.

**<Begin checking-your-learning>**

Before you move on to the next unit you may want to check that you are able to:

1. Identify some of the major researchers in the field of resilience and stress
2. Demonstrate and practice what wellness and thriving could look like
3. Describe the brain under stress and how resilience is built
4. Conceptualize a case dealing with stress and resilience
5. Practice the skill of validation as outlined in EFFT
6. Develop a preliminary treatment plan and know where to find resources and further specialized training

**<End checking-your-learning>**

## References

# 7. Work with Spirituality and Counseling

## Overview

This is your last unit in this course. Several approaches to living out your faith will be discussed. Psychologists, therapists, and counsellors are ethically bound not to explicitly discuss their faith in a counselling session. If you are not directly asked about your faith, you cannot discuss it. Therefore, how should we live in this profession as followers of Christ? We will explore five different perspectives or approaches to integration in this unit. As we proceed through these questions, I invite you to reflect and consider what is most appropriate for you.

### Topics

This unit is divided into the following topics:

1. Views and Approaches to Integration
2. Clinical Implications
3. Application

### Unit Learning Outcomes

When you have completed this unit you will be able to:

1. Compare and contrast five approaches to counselling and faith
2. Discover and determine which approach best suits each student
3. Understand the parameters of talking about faith and spirituality in the counselling room
4. Discuss one’s own faith journey and how it relates to one’s future profession

### Learning Activities

Here is a list of learning activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Video: Introduction
2. Read and Watch: Levels of Explanation
3. Watch: An Integration View
4. Read: Counseling and Christianity: Five Approaches, pp. 149–178
5. Read: A Christian Psychology View, Chapter 6, pp. 149–178
6. Read: Counseling and Christianity: Five Approaches, pp. 29–31
7. Read: Counseling and Christianity: Five Approaches, pp. 27–29
8. Watch: A Transformational Psychology View
9. Watch: A Biblical Counselling Approach
10. Read: Counseling and Christianity: Five Approaches, pp. 32–34
11. Reflect, Write and Apply
12. Read: Counseling and Christianity: Five Approaches, pp. 60–64, 72–74, and 81
13. Read: Counseling and Christianity, Five Approaches, pp. 84–90, 95–99, and 107–108
14. Read: A Christian Psychology Approach, pp. 110–113 and 129–130
15. Read: Counseling and Christianity, Five Approaches, pp. 135, 140–142, 144, and 154
16. Read: Counseling and Christianity, Five Approaches, pp. 157–162 and 181
17. Read: Summary, pp. 187–191
18. Optional Case Study

*Note:* Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End learning-activity>**

## Assessment

Please see the Assessment section in Moodle for assignment details.

### References

Here are the resources you will need to complete this unit.

* Online resources will be provided in the unit.

## 7.1 Views and Approaches to Integration

We will be unpacking the five views of approaching faith and counselling that have been compiled by Eric L. Johnson, who is the Southern Baptist Theological Seminary’s Professor of Pastoral Care. Johnson received his doctorate from Michigan State University, and has written a number of books including *God under Fire*, and *Foundations for Soul Care*. In addition to writing, Johnson is also an associate editor of the *Journal of Psychology and Theology*, the *Journal of Psychology and Christianity* and the *Journal of Spiritual Formation and Soul Care*. In writing the collection of essays we will explore, he seeks to answer the question, “How can Christians understand and apply psychology as a discipline?” Christian leaders have been grappling with this question as they strive to balance what can sometimes seem contradictory morals and values. What is the most effective way to reconcile these two historically opposing viewpoints? In our readings we will attempt to unravel five different ways in which academics have analyzed this issue.

In the following learning activities you will learn more about the five approaches to integration: a levels of explanation view, an integration view, a Christian psychology view, a transformational psychology view, and a Biblical counselling approach. Although I encourage you to read Johnson’s book, for the sake of time it will not be assigned; instead we will be using and benefitting from City Vision University’s series of free lectures that unpack these five views for us. Pay attention to the start and end time provided for the YouTube clips below; you do not need to listen to the entire presentation or video, but we will focus on specific sections. The lectures are provided by Andrew Sears, PhD, and president of City Vision University, an online accredited university located in Kansas City. Consider which view resonates most with you as we walk through each of the views. We will discuss how each of the views appears in the therapy room in our next topic.

### 7.1.1 Activity: Watch | Introduction

**<Begin learning-activity>**

**Estimated Time:**

Watch the following YouTube video to help introduce us to this discussion. We will discuss some of the practical reasons why it is important to explore these different approaches and why it is important to begin formulating our own ideas around this.

[*Five Approaches to Counseling and Christianity: A Practical Guide*](https://youtu.be/dES1gyR8034) (2021) (**Watch from the beginning to 10:32**)

<https://www.youtube-nocookie.com/embed/dES1gyR8034>

**Questions to Consider**

After watching the video above consider the following questions:

1. What is your calling? To work within more Christian environments, or secular environments? A mix of both? Who are your clients?
2. Where do each of the views tend to be taught?
3. How does Dr. Sears condense the views from five to three?

Take note of the model to help you consider the implications of where you fall.

**Optional Video**

* [*Since The Bible is Sufficient for All of Life, Should We Rule Out Psychology in Counseling?*](https://www.youtube.com/watch?v=g0f6VxbP0GU) (2012)

<https://www.youtube-nocookie.com/embed/g0f6VxbP0GU>

To enrich our discussion and to see an example of why it is relevant to consider these views, watch this video. Notice the “how” of the discussion and take note of the points that are being made as we dive deeper into the five approaches.

**Questions to Consider**

After completing the activities above consider the following questions:

1. What is the main question Dr. Sears brings up about integration? What do we need to understand at a deeper level that might be missing?

**<End learning-activity>**

### 7.1.2 Activity: Read & Watch | Levels of Explanation

**<Begin learning-activity>**

**Estimated Time:**

* [*Levels of Explanation & Christian Counselors in Secular Contexts*](https://www.youtube.com/watch?v=57HiA2kwQTA) (2021) (**Watch from 1:51 to 6:20 and from 18:50 to the end**)

<https://www.youtube-nocookie.com/embed/57HiA2kwQTA>

This is a brief overview of the levels of explanation view. The levels of explanation view holds that there are many ways of looking at an issue—both psychology and theology are two of these ways. How faith and psychology intersect is that theology or faith provides a lens (and we all come to research and scientific inquiry with a lens) that colours how we interpret our findings (or even what we would like to find). It is important that we acknowledge this lens. Along with our beliefs, everyone also has a self-serving lens through which they view the world. All of these factors need to be taken into account when considering how our faith and psychology fit together.

**Questions to Consider**

After completing the activity consider the following questions:

1. What are some of the strengths of the model?
2. What are some of the weaknesses?
3. What is the dualism heresy?

Read the following from *Counseling and Christianity: Five Approaches*, pp. 23–24.

* [*Counseling and Christianity: Five Approaches*](assets/u6/Counselling_And_Christianity_Pg_23-24.pdf)

The repetition here will assist us in better understanding this approach. Feel free to skip this reading if you have a good understanding of the point of view from the video above. If you wish to take notes on this section, please refer to *Counseling and Christianity: Five Approaches* (Greggo & Sisemore, 2012) for a concise summary of this approach.

**<End learning-activity>**

### 7.1.3 Activity: Watch | An Integration View

**<Begin learning-activity>**

**Estimated Time:**

* [*Lesson 3: Counseling Integration Model and Christian Worldview*](https://www.youtube.com/watch?v=4Xj9FezdpXY) (2021) **(Watch from start to 10:56)**

<https://www.youtube-nocookie.com/embed/4Xj9FezdpXY>

Before you begin to engage with this video, here is a little synopsis of what an integration view is; hopefully this will help guide your reading along with the Questions to Consider.

The integration view holds that we are responsible to live out our faith in all aspects of our lives and to trust in God’s divine and natural revelation to determine all of our beliefs and practices. This view does not go against science or research but holds to the idea that “all truth is God’s truth,” and God can reveal himself through natural revelation by means of scientific research. This view calls strong integrationists to really study the Word, study Christian integration, and study psychology. This video introduces the idea that the danger of integration is that many therapists don’t receive training in integration and then often become more “secularized” in the process.

**Questions to Consider**

After watching the video consider the following questions:

1. What are the three types of integration?
2. What is the popular integration slogan?
3. What are some of the strengths of the model?
4. What are some of the weaknesses?

“Integration is a recursive process of expanding understanding, but always with our most fundamental loyalty being to the true teachings of the special revelation of the Bible. Integration is ultimately the task of the Christian person whom God has led to be a student or scholar of some facet of psychology, with the true teachings of special revelation as the guiding framework for how that person structures his or her deepest beliefs and loyalties” (Johnson, 2010, p. 117).

**<End learning-activity>**

### 7.1.4 Activity: Read | *Counseling and Christianity: Five Approaches*, pp. 149–178

**<Begin learning-activity>**

**Estimated Time:**

In order to fully understand this approach, we will be using repetition. Feel free to skip this reading if you have a thorough understanding of the perspective from the previous readings. You may wish to take notes on the following section in *Counseling and Christianity: Five Approaches* (Greggo & Sisemore, 2012) for a succinct summary of this approach. This very brief description will be expanded upon in the reading.

* [*Counseling and Christianity: Five Approaches*](https://www.youtube.com/watch?v=dES1gyR8034) (2012) Read pages 149–178.

**<End learning-activity>**

### 7.1.5 Activity: Read | *A Christian Psychology View*, Chapter 6, pp. 149–178

**<Begin learning-activity>**

**Estimated Time:**

The following is a short summary of a Christian psychology view. This will hopefully assist you in guiding your reading along with the Questions to Consider.

The Christian psychology view holds that everyone should interpret psychology from their own set of values, including Christians. So no matter what faith or non-faith perspective you hold, that will be how you interpret, research, and interact with the material (psychology or other), in front of you.

**Questions to Consider**

After completing the reading above, consider the following questions:

1. What is the agenda of Christian psychology?
2. What areas of psychology are more worldview dependent?
3. What are the major distinctives that characterize a Christian psychology worldview?
4. What is the four-dimensional model of Christian psychology?
5. What are some of the strengths and weaknesses of this model?

“However our primary agenda in this chapter was to show the need for Christians to practice their psychology in light of their basic assumptions and the resources of their distinctive tradition. At the most comprehensive level,”tradition validity” for Christians will mean that the Christian worldview, which comes to us from the past, will enable us to meet the challenges of the present faithfully by rationally and empirically demonstrating how essential the love of Christ is for our future” (pp. 173, 174).

**<End learning-activity>**

### 7.1.6 Activity: Read | *Counseling and Christianity: Five Approaches*, pp. 29–31

**<Begin learning-activity>**

**Estimated Time:**

As noted previously we are using repetition to really help us understand this approach. If you feel you have a good understanding of the view from the videos, feel free to skip this reading. Otherwise, read the following section in *Counseling and Christianity: Five Approaches* (Greggo & Sisemore, 2012) for a succinct summary of this approach; you may wish to take notes on this section as well.

* [C*ounseling and Christianity: Five Approaches*](assets/u6/Counselling_And_Christianity_Pg.29-31.pdf)*,* pp. 29–31 (2012)

**<End learning-activity>**

### 7.1.7 Activity: Read *| Counseling and Christianity: Five Approaches*, pp. 27–29

**<Begin learning-activity>**

**Estimated Time:**

We will be using repetition here to really help us understand this approach. If you feel you have a good understanding of the view from the video, feel free to skip this reading.

Read the following section in *Counseling and Christianity: Five Approaches* (Greggo & Sisemore, 2012) for a succinct summary of this approach; you may take notes on this section if you would like to.

* [*Counseling and Christianity: Five Approaches*](assets/u6/Counselling_And_Christianity_Pg27-29.pdf) (2012)

**<End learning-activity>**

### 7.1.8 Activity: Watch | A Transformational Psychology View

**<Begin learning-activity>**

**Estimated Time:**

Here is a brief overview of a transformational psychology view. In the transformational psychology view, one can take wisdom from both theological and psychological viewpoints, but we need to re-evaluate what traditional psychology would tell us is appropriate psychology. Each area of study needs to be viewed through the lens of both reality and faith. Considering that this approach is based on Christian realities, this approach is only suitable for Christians. It is imperative to note that this approach has a great deal to do with the individual and how close the person is to God–the closer the person is to God, the more profound the psychology. “The bottom line will be that doing science and, in this case, psychology is ultimately an act of love” (Johnson, 2010, p. 199).

* [*Transformative Model: Combining Spiritual Formation and Counseling*](https://www.youtube.com/watch?v=A1ZNfCnFL04) (2021)

**Questions to Consider**

After watching the video above, consider the following questions:

1. What are some of the major themes of transformational psychology?
2. What are the three different spiritual categories?

Take note of the model that compares secular psychology with transformational psychology.

**Optional Watch**

John Coe is one of the main contributors to the transformational psychology approach. In this video you can see how Coe talks about transformational psychology, particularly around the concept of spiritual formation.

* [*Talbot Talks: Spiritual Formation with Dr. John Coe*](https://www.youtube.com/watch?v=_71JqYyb5Jg?si=9pW59jOBjKHpxBza) (2013)

**Questions to Consider**

After watching the video consider the following questions:

1. What is spiritual theology?
2. Who is the agent of change?
3. Why has spiritual formation been misunderstood by the church, according to Coe?

**<End learning-activity>**

### 7.1.9 Activity: Watch | A Biblical Counselling Approach

**<Begin learning-activity>**

**Estimated Time:**

Here is a brief overview of what a Biblical counselling approach is:

Ultimately, a Biblical counselling approach believes that the Bible and Christian faith depict humanity and behaviour in the right light. Psychological insights can be gleaned from this approach, but the Bible possesses the deepest wisdom. “Christian Ministry is a psychotherapy” (p. 245).

* [*Biblical Counseling Within Five Approaches to Counseling & Christianity*](https://www.youtube.com/watch?v=3L72Gu_0FcQ) (2021) **(Watch from 00:55-10:45)**

**Questions to Consider**

After watching the video above consider the following questions:

1. What is counselling based exclusively on?
2. What are the limitations of Biblical counselling?
3. What are the two groups or types of Biblical counselling?
4. What are the strengths of this approach?

**Optional Watch**

David Powlison is one of the “big names” in the field of Biblical counselling and the Biblical approach. Watch this video to hear how he talks about how his approach differs from a “regular” counselling approach.

* [*How Does Biblical Counseling Theory Differ from Psychotherapy*](https://www.youtube.com/watch?v=G9STDM_JOgs&list=RDLVg0f6VxbP0GU&index=10)? (2011)

**Questions to Consider**

After completing the activities above consider the following question:

1. What are some similarities and some differences between a Biblical approach to counselling versus a “regular” counselling session?

**<End learning-activity>**

### 7.1.10 Activity: Read | Counseling and Christianity: Five Approaches, pp. 32–34

**<Begin learning-activity>**

**Estimated Time:**

As before, if you feel you have a good understanding of the view from the video, feel free to skip this reading, or read the following section in *Counseling and Christianity: Five Approaches* (Greggo & Sisemore, 2012) for a succinct summary of this approach. You may wish to take notes on this section.

* [*Counseling and Christianity: Five Approaches*](assets/u6/Counselling_And_Christianity_Pg.32-34.pdf) (2012)

**<End learning-activity>**

### 7.1.11 Activity: Reflect

**<Begin learning-activity>**

**Estimated Time:**

Take a moment to write down in paragraph or point form some of your reactions to what you have read. Apply it to your practice.

1. When you interact with your clients or in your place of work, do you see psychology and your faith as two separate entities?
2. Do you feel comfortable bringing your faith into your work (when it is ethically appropriate)?
3. Does your work challenge your faith sometimes?
4. Does your faith challenge your work? At work do you place more value on science or on your faith?

**<End learning-activity>**

## 7.2 Clinical Implications

Our next step will be to investigate the implications for the therapy room of the approaches described above. As part of this course we will read from the book *Counseling and Christianity: Five Approaches* (Greggo & Sisemore, 2012). The sections that explain how each view might apply in a therapist’s work are available to you as PDFs. The clinical case study of Jake will be incorporated into each view.

It is important to note before we begin that regardless of the integration approach that you choose for your own practice (if you choose one at all), as therapists it is our ethical duty to never bring up faith in the room unless the client indicates that they are interested. *Critical Issues in Human Services*, a course that we offer in SOCI 400, focuses on this subject. We will discuss this ethical consideration in more detail if you have not taken this course yet. As a Christian therapist or agency, we must respect the autonomy of the client (the ethical principle) and never assume that this is exactly what the client is seeking.

### 7.2.1 Activity: Read | *Counseling and Christianity: Five Approaches,* pp. 60–64, 72–74, and 81

**<Begin learning-activity>**

**Estimated Time:**

Please refer to the reading provided for an example of how the levels of explanation view would look in a therapy room. It can be difficult to determine how each of the five approaches will affect the way we work, which is why *Counseling and Christianity: Five Approaches* (Greggo & Sisemore, 2012) addresses this issue. By providing these examples, it is hoped that the knowledge will be better integrated into practice.

* [*Counseling and Christianity: Five Approaches*](https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=579536&site=eds-live&scope=site&ebv=EB&ppid=pp_Cover) (2012)
* [*Lesson 2: Levels of Explanation & Christian Counselors in Secular Contexts* (2021)](https://www.youtube.com/watch?v=57HiA2kwQTA)

<https://www.youtube-nocookie.com/embed/57HiA2kwQTA>

**Questions to Consider**

After completing the activities above consider the following questions:

1. What are the different levels the authors use to describe what is happening with Jake?
2. What do the authors think should be prioritized or “triaged”?
3. What are some of the strategies in the four areas or levels that are suggested?

**<End learning-activity>**

### 7.2.2 Activity: Read | *Counseling and Christianity, Five Approaches*, pp. 84–90, 95–99, and 107–108

**<Begin learning-activity>**

**Estimated Time:**

Take a look at the reading provided to see how an integration view would appear in the therapy room. It is sometimes difficult to imagine how each of the five approaches would affect the way we work, and this is precisely why *Counseling and Christianity: Five Approaches* (Greggo & Sisemore, 2012) was written. Hopefully, these examples will help you to solidify how this knowledge is applied.

* [*Counseling and Christianity, Five Approaches*](assets/u6/Counseling_and_Christianity_Five_Approaches.pdf) (2012)

**Questions to Consider**

After reading, consider the following questions:

1. What does the author believe that is needed for integration?
2. What are the three legs of the tripod?
3. Describe the role of sanctification in the therapy process as the author sees it.
4. What are the three views of the Imago Dei and what are the implications for counselling?

**<End learning-activity>**

### 7.2.3 Activity: Read | *A Christian Psychology Approach*, pp. 110–113 and 129–130

**<Begin learning-activity>**

**Estimated Time:**

See how a Christian psychology approach would manifest in the therapy room by reading the following. It can be challenging to recognize how each of the five approaches would impact the way in which we work; this is why *Counseling and Christianity: Five Approaches* (Greggo & Sisemore, 2012) was written. It is hoped that these concrete examples will help solidify how knowledge is applied in practice.

* [*Counseling and Christianity: Five Approaches*](assets/u6/Counseling_and_Christianity_Five_Approaches.pdf) (2012). A Christian Psychology Approach.

**Questions to Consider**

After reading, consider the following questions:

1. Why is it paramount for the therapist to be rooted deeply in both God and his Word?
2. What do the authors believe that true Christian psychology is based on?
3. What is vital if therapy is to be totally Christian?
4. How should Christ in the room be seen according to these authors?

**<End learning-activity>**

### 7.2.4 Activity: Read | *Counseling and Christianity, Five Approaches*, pp. 135, 140–142, 144, and 154

**<Begin learning-activity>**

**Estimated Time:**

In the following section, the authors do not provide a clear-cut way of discussing implications for the therapy room. As a result, they grapple with areas that may have been overlooked, and present a nuanced interpretation. The intention of this section is to provide you with as much information as possible about the transformational approach that we have been reading about.

* [*Counseling and Christianity: Five Approaches*](assets/u6/Counseling_and_Christianity_Five_Approaches.pdf) (2012). A Transformational Approach.

**Questions to Consider**

After reading, consider the following questions:

1. What are John Coe and Todd Hall’s four areas of incorporation of the spiritual into treatment models?
2. What are the six ways the authors incorporate spiritual concepts and formation into their work?
3. What type of informed consent document is it assumed that Jake will receive?
4. What are the authors’ primary presuppositions of Jake?
5. What is the distinction between counselling and spiritual direction, and what have the authors come to believe is the actual distinction between the two?
6. What are the two areas to work in for the client?
7. What should a therapist be dually trained in?

**<End learning-activity>**

### 7.2.5 Activity: Read | *Counseling and Christianity, Five Approaches*, pp. 157–162 and 181

**<Begin learning-activity>**

**Estimated Time:**

Read the resources provided to see how the Biblical counselling approach will play out in a therapy session. It is difficult to see how each of the five approaches would influence how we work, so that is precisely the purpose of *Counseling and Christianity: Five Approaches* (Greggo & Sisemore, 2012). It is hoped that these tangible examples will assist in solidifying how the knowledge is applied in practice.

* [*Counseling and Christianity: Five Approaches*](assets/u6/Counseling_and_Christianity_Five_Approaches.pdf) (2012). A Biblical Counselling Approach.

**Questions to Consider**

After reading, consider the following questions:

1. What are the foundational beliefs that all counsellors enter into the room with?
2. What are five key suppositions going into the counselling room?
3. What must be in place (what must Jake have) in order for Biblical counselling to take place?
4. Why is the Church an important part of the recovery process?
5. What two components must be taken into account in order to address and interact with Jake as a whole person?
6. What is Tripp’s (2002) description of Biblical counselling?

**<End learning-activity>**

### 7.2.6 Activity: Read | Summary, pp. 187–191

**<Begin learning-activity>**

**Estimated Time:**

This unit contains a lot of repetition; if you have difficulty understanding the differences between the five approaches, please refer to the summary PDF file available in the unit resources.

* [*Counseling and Christianity: Five Approaches*](assets/u6/Counseling_and_Christianity_Five_Approaches.pdf) (2012)
* [Summary](assets/u6/Summary.pdf)

**<End learning-activity>**

## 7.3 Application

In this section you will begin to form your own ideas about how integration applies to your own life and your work with others. We may not spend a great deal of time discussing this area of our lives, but it can have significant implications if we do not. How do you view human nature? How do you view behaviours? What about mental health? What about research or science? What are your main values and how do you tangibly demonstrate them? As psychologists, our research and views have historically been perceived as misaligned with Christian beliefs. How do we reconcile these differences? Do you still believe this to be the case? What parts do you agree with or disagree with? If there are disagreements, why?

Having a framework of understanding is crucial as it informs how you present yourself and what you do. In EFFT, we have learned that when the internal experience does not match the external experience, alarm bells should sound. This is the case when you hold a certain set of values and these do not match up with the type of work you are performing. It is difficult to live with such incongruity. It is possible that we are not even aware that this is occurring.

In this unit and for this section, the goal is to define your values, beliefs, and how you will approach the subject. Even if you are not a Christian, everyone has their own set of values and beliefs, and it is imperative to recognize that even though you are on an ever-changing journey, these are some core beliefs you hold on to. These thoughts will be stimulated by the following activity.

### 7.3.1 Activity: Optional Case Study

**<Begin learning-activity>**

**Estimated Time:**

Please select the viewpoint or approach that you feel most comfortable with and most drawn to for this activity. After reading the following case study, write down how you would begin to approach it. Please consider the following questions:

1. What is my view of the client?
2. What integration style will I use? How will this inform my sessions? What will I focus on?
3. How can I use EFFT in combination with my style (knowing that EFFT is an evidence-based treatment model)?

**Case Study**

Sandra (31) makes an appointment to speak with her therapist. She and her husband of six years have been active leaders in a thriving church ministry. Her story begins with her decision to step back from all ministry responsibilities due to ‘personal issues.’ Life is crowded with too many demands, and the timing is ripe to reassess even worthwhile commitments. Initially she is hesitant to reveal more.

The therapist responds by thoughtfully emphasizing how she and her husband have contributed to the discipleship of so many as the home Bible study they direct is a source of solid Christian teaching and revitalizing fellowship. He agrees to pray with her about being sensible and strategic about family priorities. After Sandra hears his perspective on her valuable contribution, her disclosure goes further. One month ago to the day, Sandra miscarried for the second time, something few people know. She admits that this is impacting her entire life as she is keeping distant from all of her former friends, all of whom have children. She is beginning to envision what her life might be if she never has a child of her own. Sandra does not imagine that people in the church have any idea of her inner anguish, and if they did, she believes that each would cease to respect her as a follower of Jesus Christ.

Sandra’s presentation flows steadily with restrained emotion until the therapist inquires gently about the impact on her marriage. She becomes tearful, sobs intermittently and has difficulty putting full sentences together. The ragged explanation reveals that the marriage tension is high and conflicts intense. The most distressing alarm is the escalating rage in the arguments between Sandra and her husband. (Greggo & Sisemore, 2012)

**<End learning-activity>**

## Summary

You have learned about five views of integration and have begun thinking about what integration might look like for you in this final unit. It should be noted however, that you are not obligated to choose one of the views and follow it in your own journey or practice. In processing and interacting with these views the goal is to begin your own journey of thinking about integration. This will enable you to establish a belief system regarding health and wellness. To reiterate, it is not expected that you will have all these views memorized or know what distinguishes them from each other. Instead, we will begin an internal and external dialog around this topic.

**<Begin checking-your-learning>**

Before you move on, you may want to check that you are able to:

1. Compare and contrast the five approaches to counselling and faith
2. Discover and determine which approach best suits each student
3. Understand the parameters of talking about faith and spirituality in the counselling room
4. Discuss one’s own faith journey and how it relates to their future profession

**<End checking-your-learning>**

## References

# Course Assessment

## Assignment 1: Research Paper

**Instructions**

Students can choose to expand on the topic that they were assigned for their class presentations and add three more research articles. OR they can pick a new topic and are still required to have 3 research articles. The topic of the paper will answer the question: How would you work with someone who is struggling with ‘your assigned topic’? I invite you to use one of your case conceptualization scenarios as an illustration/case study to incorporate into this paper. The paper will cover **four** main points:

1. An explanation of what the topic is, how and why the topic develops, and how it shows up:
   * You are invited to use one of your case conceptualizations to illustrate your research findings.
   * The majority of the NEW research for your paper should be done in this section. This section should be the largest section in your paper.
2. What are the preventative measures/what wellness looks like in this area:
   * You are invited to use one of your case conceptualizations in this area as a case study/example to draw on as you explore what preventative measures you would use or what wellness would look like. For example, if your character had access to these resources, what may have happened or what would wellness look like for this character?
3. Evidenced based treatment directions/community resources to access:
   * You may use the information from your oral presentations here if it aligns.
   * You are also invited to once again use your case conceptualization here to describe your recommendations/treatment recommendations.
4. What approach to therapy and integration are you drawn to and why
   * You may use your case conceptualization tool here once again to show how you would integrate your faith with this case and/or use some of your thoughts you formed from your Forum discussions.
   * If you are not a Christian, please still include this section and talk about how you would integrate your religion or worldview as we all have one regardless of our backgrounds.

**Sample Thesis**

Trauma is a common mental health issue that appears in therapy and as such it is important for clinicians to be trauma-informed and therefore have a foundational knowledge of what trauma is, what the goal of therapy would be (what wellness would look like), and what evidence-based therapy approaches work effectively with trauma. This paper will begin to explore these topics and conclude with a personal reflection on the author’s approach to integration and how it relates to treating trauma.

**Assignment Criteria**

For this assignment you will write a 10-12 page paper double spaced. This does not include your title page and reference pages.

Your paper must include a minimum of three high-quality, academic, peer-reviewed sources (e.g., journal articles). You may also use the textbook and other good quality sources in addition, but these do not count as part of the three required sources. Research papers composed entirely of web-based research are not considered suitable as a term paper and will be graded accordingly. Use the APA Publication Manual 7th Edition as guidance for the structure of the paper, citations within the body of the paper, and construction of the reference list.

**As per APA 7 guidelines, papers should:**

Include a separate title page with the title of the paper, your name, student number and date along with the name of our institution (school), the course name and number. Include a separate list of references that begins on a new page (as per APA style guidelines be double-spaced with 1” margins, typed using a 12 pt. standard font (e.g., Times, Arial or Helvetica) and be left- justified.

Use the same font throughout your paper (do not use different styles or sizes of font for title, headings, etc.). You do not need to write an abstract for this paper.

**Some Writing Tips**

1. Follow the APA 7 style guidelines for citing your sources in the text of your paper and formatting on your References page.
2. Use quotes sparingly. For a paper of this length, 4-6 direct quotes is more than enough. Save quotes for when it is absolutely essential to preserve an author’s original wording. The paper should convey your own ‘voice’ as the author.
3. Avoid paraphrasing too much. Paraphrasing can slip easily into plagiarism and also makes for a boring paper. Read this article for tips on avoiding inappropriate paraphrasing.
4. When deciding how much of a study to describe, consider what elements of the study would persuade a reader of your point. For example, in most instances, knowing the number of subjects that were run in the study is not useful information. However, if the study is about a special subset of the population (e.g., AIDS patients), it would be useful to know if the research findings are based on results from 3 people or 30. In most instances, knowing the names of the scales that were administered is irrelevant to your point; even mentioning ALL of the surveys and results is often too much. Pick and choose the relevant aspects of the study design and findings. Don’t let your sources dictate how you write your paper. Remember your own logic or outline as you cite sources.
5. Good writers are relentless revisers. Papers that have not been revised are easy to spot: they are unpolished, read like a first-draft and will never receive top marks. You will not receive an A grade without proof-reading your paper. Use spell and grammar check and it never hurts to have someone else read over your paper with a fresh set of eyes before submitting it.
6. Please include citations in your paper. This is a RESEARCH paper and as such you need to a. Demonstrate that you have done the research, b. You are not an expert in this field so you need to back up what you are saying with evidence, c. avoid plagiarism.
7. Do not include references in your reference section that were not cited in your paper. This is called ‘padding your references’ and is not allowed. If there are references in your reference section that are not in your paper I will assume that you are plagiarising.

### Grading Rubric

**Substance /20**

The research paper provides evidence of critical thinking and analysis and synthesis of researched information throughout and presents a logical and persuasive argument. /2

Research sources are relevant, current, and credible. They are clearly documented in the paper. /1

The introduction offers a sense of direction for the paper and presents a clear thesis statement to the reader. /1

The body develops the necessary aspects of the main idea and provides examples, support, or illustration for each aspect of the main idea. /15

A thorough explanation of the topic /6

What would wellness look like in this area /1

What are some preventative measures /2

Evidence based treatment directions /3

Therapy and Integration approach /3

The conclusion summarizes the main points and ties them to the thesis; it also presents an impact statement and/or suggests direction for future research. /1

**Writing Style and Format /5**

Writing Style /3

Paragraphs are unified, developed, and coherent, with transitions between ideas.

Sentences are grammatically correct; words are chosen for accuracy and impact.

The writing follows the conventions of spelling and mechanics (punctuation, etc.).

The format follows the APA documentation style accurately and consistently. /2

Include a separate title page with the title of the paper, your name, student number and date along with the name of our institution (school), the course name and number.

Include a separate list of references that begins on a new page (as per APA style guidelines).

Be double-spaced with 1” margins, typed using a 12 pt. standard font (e.g., Times, Arial or Helvetica) and be left- justified.

Use the same font throughout your paper (do not use different styles or sizes of font for title, headings, etc.). You do not need to write an abstract for this paper.

**TOTAL /25**

## Assignment 2 - Oral Presentations

**Instructions**

Students will be separated into groups of five. Each student in the group will be assigned a topic by the professor. Students will watch their fellow group members’ presentations and provide a comment or question for each. The presentations will last for 10-15 minutes and will contain information from two research articles and one community resource related to the student’s topic. All presentations must be pre-recorded and uploaded to Moodle under your group numbers by midnight on the day of our fifth class. The professor will go over how to upload videos to Moodle during Week 2 class. Presentations must be a minimum of 10 minutes and a maximum of 15, the professor will only watch a minute past the 15 minute mark. Each student will then be required to watch their fellow group members’ presentations before the start of Week 6 class. Each student will be required to write one comment OR one question on each presentation they view (4 presentations) to be completed in Moodle. The Professor will assign you one of the following topics and then you will present on one therapy modality that is used or has been developed for your topic (NOT EFFT):

1. Complex Trauma
2. Addictions
3. Resiliency or Stress (you can choose)
4. Death/Dying
5. Depression or Eating Disorders (You can choose)

Make sure that you pay attention to the weight that each section of the Rubric holds and curtail your research and your time to the sections that have the most weight.

**You will present:**

The research about therapy modality of choice related to your assigned topic. /9

A bibliography must be provided in APA format and uploaded to Moodle separate from your recorded presentation. /1

An example of a case study (Either drawn from personal experience or from a resource). You may use the Case Conceptualization Tool from your other assignments as a guiding point for this section as well /4

One comment and one question for each of your groups presentations /1

**TOTAL /15**

## Assignment 3 - Case Conceptualization

**Instructions**

Each student will need to complete **3 out of the 6** case conceptualizations. Each case conceptualization is due by the next week’s class. For example if you choose to do this week’s case conceptualization on Trauma, you will need to complete it by our next class. Please take note of the due dates on these and plan ahead which topics you would like to do. The case conceptualization form that you will need to fill out is provided at the bottom of this page; you will use the same form for all three case conceptualizations. We will go over how to complete this assignment during our first virtual class together. If you cannot attend, then a recording of our class will be uploaded to Moodle for your viewing convenience. I would recommend that you choose your case conceptualizations based on which topics you are most interested in. Students will have the opportunity to use these case conceptualizations for their other assignments.

Spend the most time focusing on the observations and impressions section of this form. (The other sections shouldn’t take long to fill out). In the Observations and Impressions section I need to see evidence that you are connecting what you are learning to what you have watched- we are practicing the application of our learning through this exercise. As always, look at the grading rubric to see how items are weighted.

**<Begin note>**

Watching these movies can be triggering and so I encourage you to choose the topics that will be less triggering for you.

**<End note>**

**The 6 Movie Titles are:**

* Trauma: I Can Only Imagine (2018)
* Addictions: Beautiful Boy (2018)
* Death/Dying: The Descendents (2011)
* Mental Health Issues: Ordinary People (1980)
* Resilience/Stress: Wonder (2017)
* Integration: Miracles From Heaven (2016)

**Grading Rubric**

Is the Demographics section filled out correctly? /1

Reason for referral /1

Background information demonstrates that you watched the movie /2

Observations and Impressions: connecting the movie to what you have learned /4

Treatment recommendations /2

**TOTAL: /10**

## Assignment 4 - Forum Discussions

**Instructions**

Students will post a reply to the weekly question posted on the forum page that shows evidence of having read the course material. Students will also be required to ask a question or make a comment on 2 other students’ forum posts to facilitate discussion.

Forum posts need to be completed by the Tuesday following class and the opportunity to post to the forum will be cut off at the start of our next class. Forum posts are about engaging in discussion and late forum posts are not meeting this requirement. I will speak more about this in class. If a post is late, I will not be marking it. Only 5 out of the 6 forums will be marked. You can choose to skip a week, or at the end I will take the 5 highest marks.

**<Begin note>**

**Important:** Discussions are an important part of this online course. Most discussion postings should be no more than 250 words. You are also asked to read your fellow learner’s postings and then respond to at least two other people. All postings should be carefully written and edited before being posted. Opinions should be well supported. Your responses should also be communicated in professional language, respectful of others, and to the point. Forum posts are personal reflections that synthesize the information you have learned with your own experiences. You are not allowed to use AI for forum posts.

**<End note>**

### Grading Rubric

**Your assignment will be graded according to the following criteria:**

| **Criteria** | **4-5 marks** | **2-3 marks** | **0-1 marks** |
| --- | --- | --- | --- |
| **Quality of posting** | Sound evidence that student has done course readings and has a thorough knowledge of discussion topic | Evidence that most of course readings done and student has some knowledge of discussion topic | Minor evidence that course readings were done and student understands discussion topic |
| **Communication skills** | Postings are clear, concise and easy to understand | Postings are usually, but not always clear, concise and easy to understand | Postings are too short/long and/or unclear and hard to understand |
| **Critical thinking and self-reflection** | Exceptionally well- supported, thoughtful, insightful comments made on others’ and own postings | Some evidence of critical thought and self-reflection on others’ and own postings | Minor evidence of critical thought and reflection on others’ and own postings |
| **Participation** | Regularly participates in, and facilitates interaction among members of online community | Interacts now and then with other members of online community | Rarely interacts or responds to other members of online community |
|  |  |  | **Total /20** |

## **Trauma and EFFT**

Based on what we learned about the trauma brain in this unit, how would EFFT be a good treatment option? How would emotion coaching specifically (and the science behind it) be beneficial?

## **Perceptions of Addiction**

Before this unit, how did you perceive someone with an addiction, and how has your perspective changed (if anything)?

## **Block Work and Validation Exercise**

After completing the EFFT exercises for this week, share with the group your experience of the block work and the validation of silence exercise. Do you see this as beneficial? What would you struggle with in regards to doing this with a client?

## **What is Your Biggest Block?**

We have read about clinician blocks in our EFFT manual (go back and refresh yourself if you need to). What do you think your biggest block would be in regards to working with mental health issues? Pick one of the three topics that we have discussed in this unit. What is the block and how would you go about addressing the block for yourself?

## **Resilience and Stress**

How are resilience and stress related? In your life, do you find yourself feeling more resilient in some stressful situations versus others? Why do you think that is?

## **Psychology and Faith**

“How do you reconcile your commitment to psychological science with your commitment to the Christian faith? 1. How do they fit together? 2. Are they mutually supportive? 3. Are there points of tension?” (Johnson, 2010, p. 49)