

**School of Theology and Ministry**  
Seattle University  
901 12<sup>th</sup> Avenue, PO Box 222000  
Seattle, WA 98122-1090

Fall Quarter 2019

**COURSE INFORMATION**

**STMC 5750 Systems of Trauma Treatment (3cr)**

Dates: Mondays

Times: 1:30 – 4:20 pm

Pre-requisites: STMM 5530

**INSTRUCTOR**

**Rebecca Cobb, Ph.D., LMFT**

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Office Hours: Mondays, 10:00-11:00 am  
(or by appointment)

**Master of Arts in Couples and Family Therapy: A Multifaith, Spiritually-Integrated Program**

Integrating systems and psychological theories, supervised clinical experience, multifaith insight, and spiritual formation to clinically heal and empower diverse relationships and individuals across faith traditions and cultural locations.

**COURSE DESCRIPTION**

Utilizing research and family systems theories, students will examine the manifestation of trauma in individual, relational, and community systems. Students will learn methods of assessment and intervention for the treatment of trauma. Students will discuss the impact of trauma on the spiritual self, and students will develop their own methods of self-care. Topics include: post-traumatic stress disorder, child abuse and neglect, elder abuse and neglect, intimate partner violence, sexual abuse, illness, grief, and loss.

**REQUIRED READING**

Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York, NY: Norton.

Walsh, F. (2009). *Spiritual resources in family therapy* (2nd ed.). New York, NY: Guilford.

*\*Readings from this book will be assigned in other courses throughout the MACFT program.*

*\*Additional readings are listed under the "Course Schedule & Assigned Readings."*

## STUDENT LEARNING OUTCOMES AND COURSE GOALS

- SLO1: Students will identify as couples and family therapists who integrate clinical knowledge, skills, and research with multifaith insights and spiritual formation.
- Students will define key constructs related to trauma (e.g., PTSD, trauma, secondary trauma, vicarious trauma, ambiguous loss).
  - Student will recognize the effects of trauma on individual, couple, family, and spiritual systems.
  - Students will reflect on the meaning and impact of trauma on individual, couple, family, and spiritual systems.
  - Students will practice self-care techniques to minimize vicarious trauma, burnout, and compassion fatigue.
- SLO2: Students will use family systems theories to offer systemic case conceptualizations and treatment plans.
- Students will systemically assess for trauma.
  - Students will apply family systems theories and evidence-based practice to crisis intervention and the systemic treatment of trauma.
- SLO3: Students will demonstrate the ability to provide multiculturally competent clinical services within clients' social locations, including diverse races and ethnicities, genders and sexual identities, and religious and spiritual traditions.
- Students will create developmentally appropriate and culturally sensitive treatment plans for the systemic treatment of trauma.
- SLO4: Students will demonstrate legal and ethical competence by understanding and adhering to relevant laws and ethical codes.
- Students will understand legal and ethical responsibilities of couples and family therapists as they relate to the systemic treatment of trauma.
  - Students will understand referral resource and treatment specialists as they relate to trauma treatment.

### [AMFTRB](#) and [State Licensure](#) Domains:

- (AMFTRB) Practice of Marriage and Family Therapy; Assessing, Hypothesizing, and Diagnosing; Designing and Conducting Treatment; Managing Crisis Situations; Maintaining Ethical, Legal, and Professional Standards
- (State License) Marital and Family Therapy

### [Intentional Input of Core Competencies:](#)

1.1.2; 1.1.3; 1.1.4; 1.2.1; 1.2.2; 1.2.3; 1.3.1; 1.3.2; 1.4.1; 1.5.1; 2.1.1; 2.1.2; 2.1.3; 2.1.4; 2.1.5; 2.1.6; 2.2.3; 2.3.1; 2.3.5; 2.3.6; 2.3.8; 2.4.1; 2.5.1; 3.1.1; 3.3.2; 3.3.6; 3.4.3; 3.4.5; 3.5.1; 4.1.1; 4.1.2; 4.2.1; 4.3.1; 4.3.2; 4.3.5; 4.3.6; 4.3.7; 4.3.8; 4.3.9; 4.5.3; 5.1.1; 5.1.2; 5.1.4; 5.2.2; 5.2.4; 5.3.2; 5.3.3; 5.3.4; 5.3.5; 5.3.6; 5.3.7; 5.3.8; 5.4.2; 5.5.2; 6.1.1; 6.3.1; 6.3.2

## COURSE SCHEDULE & ASSIGNED READINGS

Press "Ctrl" and click on the reference to access each article. You must be logged into the SU Database to use permalinks. If a link is inactive, it is your responsibility to search SU's library database and read the article prior to class. If an article is no longer accessible through SU, please contract the instructor.

September 30	<p><b>Introduction to Trauma, PTSD, &amp; Trauma Informed Care</b></p> <p><b>Vicarious Trauma &amp; Secondary Trauma</b></p> <p><b>Self-Care &amp; the Spiritual Self in Trauma Care</b></p>
October 7	<p><b>Adverse Childhood Experiences (ACES)</b></p> <p><a href="#">Oral, R., Ramirez, M., Coohy, C., Nakada, S., Walz, A., Kuntz, A., Benoit, J., &amp; Peek-Asa, C. (2016). Adverse childhood experiences and trauma informed care: The future of health care. <i>Pediatric Research</i>, 79, 227-233.</a></p> <p><b>The Psychophysiology of Trauma &amp; Trauma Treatment</b></p> <p>Rothschild, B. (2000). <i>The body remembers: The psychophysiology of trauma and trauma treatment</i>. New York, NY: Norton.</p> <p><b>Introduction to the Double ABC-X Model</b></p> <p><a href="#">Weber, J. G. (2011). The ABCX formula and the double ABCX model. In J. G. Weber (Ed.), <i>Individual and family stress and crises</i> (pp. 82-96). Thousand Oaks, CA: Sage.</a></p> <p><b>Introduction to the Use of Spiritual Resources in Family Therapy</b></p> <p>Wright, L. M. (2009). Spirituality, suffering, and beliefs: The soul of healing with families. In F. Walsh (Ed.) <i>Spiritual resources in family therapy</i> (2nd ed., pp. 65-80). New York, NY: Guilford.</p>
October 14 <i>Topic Approval Due</i>	<p><b>Crisis &amp; Suicide Assessment &amp; Intervention</b></p> <p><b>Guest Speaker: Mark Niezgoda, Crisis Connections</b></p> <p><a href="#">Brodsky, B. S., Spuch-Feiner, A., &amp; Stanley, B. (2018). The zero suicide model: Applying evidence-based suicide prevention practices to clinical care. <i>Front Psychiatry</i>, 9.</a></p> <p><a href="#">Chu, J. C., Floyd, R., Diep, H., Pardo, S., Goldblum, P., &amp; Bongar, B. (2013). A tool for the culturally competent assessment of suicide: The cultural assessment of risk for suicide (CARS) measure. <i>Psychological Assessment</i>, 25, 424-434.</a></p> <p><a href="#">Scott, T. (2010). Religion in trauma care: Grand narratives and sacred rituals. <i>Trauma</i>, 12, 183-192.</a></p>

<p>October 21</p> <p><i>Reflection Log 1</i></p>	<p><b>Understanding Trauma from a Systemic Perspective</b></p> <p><a href="#"><u>James, K., &amp; MacKinnon, L. (2012). Integrating a trauma lens into a family therapy framework: Ten principles for family therapists. <i>The Australian and New Zealand Journal of Family Therapy</i>, 33, 189-209.</u></a></p> <p><a href="#"><u>Levenson, J. S., Willis, G. M., &amp; Prescott, D. S. (2016). Adverse childhood experiences in the lives of male sex offenders: Implications for trauma-informed care. <i>Sexual Abuse: A Journal of Research and Treatment</i>, 28, 340-359.</u></a></p> <p><a href="#"><u>Ali, S. R., Liu, W. M., &amp; Humedian, M. (2004). Islam 101: Understanding the religion and therapy implications. <i>Professional Psychology: Research and Practice</i>, 35, 635-642.</u></a></p> <p><a href="#"><u>Anderson, K. A., Fields, N. L., &amp; Dobb, L. A. (2013). Caregiving and early life trauma: Exploring the experiences of family caregivers to aging holocaust survivors. <i>Family Relations</i>, 62, 366-377.</u></a></p> <p><b>Transgenerational Theories</b></p> <p><a href="#"><u>MacKay, L. (2012). Trauma and Bowen family systems theory: Working with adults who were abused as children. <i>Australian and New Zealand Journal of Family Therapy</i>, 33, 232-241.</u></a></p> <p>Ducommun-Nagy, C. (2009). Forgiveness and relational ethics: The perspective of the contextual therapist. In A. Kalayjian &amp; R. F. Paloutzian (Eds.), <i>Forgiveness and reconciliation: Psychological pathways to conflict transformation and peace building</i> (pp. 33-54). New York, NY: Springer.</p>
<p>October 28</p>	<p><b>Children, Abuse, &amp; Trauma</b></p> <p><i>Brief review of mandatory reporting laws</i></p> <p>Perry, B. D., &amp; Szalavitz, M. (2017). <i>The boy who was raised as a dog and other stories from a child psychiatrist's notebook: What traumatized children can teach us about loss, love, and healing</i>. New York, NY: Basic Books.</p> <p>➤ pp. 29-58 "For Your Own Good"</p> <p><a href="#"><u>van der Kolk, B. A. (2005). Editorial introduction: Child abuse &amp; victimization. <i>Psychiatric Annals</i>, 35, 374-378.</u></a></p> <p><b>Trauma Focused Play Therapy</b></p> <p><a href="#"><u>Sori, C. F., &amp; Schnur, S. (2014). Trauma-focused integrated play therapy: An interview with Eliana Gil, Part I. <i>The Family Journal: Counseling and Therapy for Couples and Families</i>, 22, 113-118.</u></a></p>

	<p><a href="#">Sori, C. F., &amp; Schnur, S. (201x). Integrating a neurosequential approach in the treatment of traumatized children: An interview with Eliana Gil, Part II. <i>The Family Journal: Counseling and Therapy for Couples and Families</i>, X, 1-8.</a></p> <p>Gil, E. (2003). Art and play therapy with sexually abused children (pp. 152-166). In C. A. Malchiodi (Ed.), <i>Handbook of Art Therapy</i>. New York, NY: Guilford</p> <p><a href="#">Bigfoot, D. S., &amp; Schmidt, S. R. (2010). Honoring children, mending the circle: Cultural adaptation of trauma-focused cognitive-behavioral therapy for American Indian and Alaska Native children. <i>Journal of Clinical Psychology: In Session</i>, 66, 847-856.</a></p>
<p>November 4</p> <p><i>Reflection Log 2</i></p>	<p><b>Meditation, Reconciliation, &amp; Relational Connectedness After Loss &amp; Trauma</b></p> <p><b><i>Zen Meditation: Dr. Eddie Salazar, Center for Jesuit Education</i></b></p> <p>Gale, J. (2009). Meditation and relational connectedness: Practices for couples and families. In F. Walsh (Ed.) <i>Spiritual resources in family therapy</i> (2nd ed., pp. 247-266). New York, NY: Guilford.</p> <p><b>Attachment &amp; Emotion Focused Therapy</b></p> <p><a href="#">Masero, M. (2017). The wisdom of the body and couple therapy – A sensorimotor psychotherapy perspective: An interview with Pat Ogden. <i>Australian and New Zealand Journal of Family Therapy</i>, 38, 657-668.</a></p> <p><a href="#">Codrington, R. (2017). Trauma, dissociation, and chronic shame – reflections for couple and family practice: An interview with Kathy Steele. <i>Australian and New Zealand Journal of Family Therapy</i>, 38, 669-679.</a></p> <p><a href="#">MacIntosh, H. B., &amp; Johnson, S. (2008). Emotionally focused therapy for couples and childhood sexual abuse survivors. <i>Journal of Marital and Family Therapy</i>, 34, 298-315.</a></p> <p><a href="#">Blow, A. J., Curtis, A. F., Wittenborn, A. K., &amp; Gorman, L. (2015). Relationship problems and military related PTSD: The case for using emotionally focused therapy for couples. <i>Contemporary Family Therapy</i>, 37, 261-270.</a></p>
<p>November 11</p>	<p><b>NO CLASS – Veteran’s Day</b></p>
<p>November 18</p>	<p><b>Intimate Partner Violence: Assessment &amp; Treatment</b></p> <p><a href="#">Marchiondo, C. (2015). Treatment of intimate partner violence perpetration among male veterans: An example of a comprehensive approach. <i>Contemporary Family Therapy</i>, 37, 271-280.</a></p>

	<p><a href="#">Stith, S. M., &amp; McCollum, E. E. (2011). Conjoint treatment of couples who have experienced intimate partner violence. <i>Aggression and Violent Behavior, 16</i>, 312-318.</a></p> <p>Also review the following resources:</p> <p><a href="#">King County. (2015). Domestic violence &amp; child maltreatment: Coordinated response guideline.</a></p> <ul style="list-style-type: none"> <li>➤ <a href="#">Section 5: DV Screening, DV Assessment, Safety Planning, and Service Plans (pp. 63-73, 139-147)</a></li> <li>➤ <a href="#">Section 6: Domestic Violence Response in Diverse Communities (pp. 74-96)</a></li> </ul> <p><a href="#">Domestic Violence Documentation Tips</a></p> <p><b>Healing from Relational &amp; Religious Trauma</b></p> <p>Barrett, M. J. (2009). Healing from relational trauma: The quest for spirituality. In F. Walsh (Ed.) <i>Spiritual resources in family therapy</i> (2nd ed., pp. 267-285). New York, NY: Guilford.</p> <p>Hargrave, T. D., Froeschle, J., &amp; Castillo, Y. (2009). Forgiveness and spirituality: Elements of healing in relationships. In F. Walsh (Ed.) <i>Spiritual resources in family therapy</i> (2nd ed., pp. 301-322). New York, NY: Guilford.</p> <p><a href="#">Stone, A. M. (2013). Thou shalt not: Treating religious trauma and spiritual harm with combined therapy. <i>Group, 37</i>, 323-337.</a></p>
<p>November 25</p> <p><i>Reflection Log 3</i></p>	<p><b>Eye Movement Desensitization &amp; Reprocessing</b></p> <p><a href="#">van der Kolk, B. (2013, March 9). How trauma lodges in the body. <i>On Being with Krista Tippett</i> [Audio podcast]. Retrieved from <a href="https://onbeing.org/programs/bessel-van-der-kolk-how-trauma-lodges-in-the-body-mar2017/">https://onbeing.org/programs/bessel-van-der-kolk-how-trauma-lodges-in-the-body-mar2017/</a>.</a></p> <p><a href="#">Jarero, I., Artigas, L., &amp; Luber, M. (2011). The EMDR protocol for recent critical incidents: Application in a disaster mental health continuum of care context. <i>Journal of EMDR Practice and Research, 5</i>, 82-94.</a></p> <p><b>Grief &amp; Loss</b></p> <p><b>Guest Speaker: Cathy Nilon, MDiv, Chaplain, Providence Mount St. Vincent</b></p> <p><a href="#">Boss, P. (2009). The trauma and complicated grief of ambiguous loss. <i>Pastoral Psychology, 59</i>, 137-145.</a></p> <p>Walsh, F. (2009). Spiritual resources in family adaptation to death and loss. In F. Walsh (Ed.) <i>Spiritual resources in family therapy</i> (2nd ed., pp. 81-102). New York, NY: Guilford.</p>

<p>December 2</p> <p><i>Papers due</i></p>	<p><b>Paper Presentations</b></p> <p><b><i>Multifaith &amp; Spiritual Reflections on Trauma</i></b></p> <p><a href="#"><u>Ganzevoort, R. R. (2008). Scars and stigmata: Trauma, identity, and theology. <i>Practical Theology</i>, 1, 19-31.</u></a></p> <p><b><i>Resilience, Hope, &amp; Justice</i></b></p> <p><a href="#"><u>Walsh, F. (2002). A family resilience framework: Innovative practice applications. <i>Family Relations</i>, 51, 130-137.</u></a></p> <p>Perry, A. V, &amp; Rolland, J. S. (2009). The therapeutic benefits of a justice-seeking spirituality: Empowerment, healing, and hope. In F. Walsh (Ed.) <i>Spiritual resources in family therapy</i> (2nd ed., pp. 379-396). New York, NY: Guilford.</p> <p><a href="#"><u>MacKay, L. M. (2017). Differentiation of self: Enhancing therapist resilience when working with relational trauma. <i>Australian and New Zealand Journal of Family Therapy</i>, 38, 637-656.</u></a></p>
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**COURSE REQUIREMENTS**

1.	Class Attendance	*See Below
2.	Class Interaction	34 points
3.	Reflection Logs (12 pts each)	36 points
4.	Research Paper	30 points
	Total	100 points

**Grading rubric: Seattle University grading parameters will be utilized.**

A	4.0	93-100	Superior performance
A-	3.7	90-92	
B+	3.3	87-89	
B	3.0	83-86	Good performance
B-	2.7	80-82	
C+	2.3	77-79	
C	2.0	73-76	Minimal performance in courses applicable to graduate degree
C-	1.7	70-72	Courses graded C- or below will not count toward graduate degree or certificate (Except STMC 5530)
D+	1.3	67-69	
D	1.0	63-66	Poor performance
D-	0.7	60-62	
F	0.0	0-59	Failing

**Please Note:**

- A 5% deduction per day is assessed to late work. Please talk to the instructor *before* an assignment is due if you think you may qualify for an extension.
- An incomplete grade will be assigned only in the case of a health emergency.
- Grades may be submitted before the day/time indicated by registrar as “grades due.”

**COURSE ASSIGNMENTS**

**1. Attendance**

Attendance for class is MANDATORY. There are no unexcused absences for this class. For excused absences (e.g., health emergency), an action plan to remediate the absence will be determined. Students may have no more than two absences in order to pass the course.

***Six (6) points of the total 100 points will be reduced for each unexcused absence. Three (3) points will be deducted for each time you arrive late or leave early.***

**2. Class Interaction (34 points)**

Class interaction counts for a substantial portion of the grade; I value your presence and your participation in the class activities! Student participation during class is the bedrock of our work together.

*Contributions should demonstrate that the student has carefully considered assigned readings. Please come with questions and critiques. Be an active participant and learner by hearing, understanding, synthesizing, and speaking in turn.*

Timeliness is valued. At times you should be the first to speak and at other times you may be the last. Collaboration is important; please deepen and reflect on knowledge shared by your classmates. Integration is essential: draw from work in other classes and experiences to enliven our discussions. Work shared in class does not have to be perfect; rather you will be graded on your willingness to share your thoughts and ideas.

You will be graded on your effort to offer others in the class constructive feedback regarding what they share. Openness to giving and receiving feedback is essential. It requires both humility and the grace not to take oneself too seriously; having a sense of humor helps. We are all learners in this laboratory of clinical practice. It's helpful to remember that becoming an outstanding therapist takes many years. That's probably why it's called a clinical practice! If you have questions about your interaction grade, please talk to the instructor directly.

The use of smart technology is not permitted in the classroom, except laptops/tablets for taking notes. Please turn off wireless while in class.

**3. Reflection Log (36 points)**

We recognize that this course covers topics that can be difficult to contemplate. Research indicates that when clients have experienced traumatic events, therapists are at risk of experiencing vicarious trauma,

compassion fatigue, and burnout. Self-care and reflection on the presented topics will help as you process readings and course discussions. In order to encourage self-care and vigilant reflection, you will write entries in a Reflection Log as you progress throughout the assigned course readings. Because the content of this material may be emotionally demanding, it is strongly suggested that you pace yourself and read in the order and timed sequence suggested in the course schedule. Reflection logs will be turned in to the instructor at three points throughout the course (12 points each).

In your Reflection Log, you will (1) reflect on the assigned readings and (2) grapple with spiritual/theological reflection on the presented topics. What thoughts and feelings came up as you worked your way through the material? In addition, you will (3) document *at least* two hours of self-care techniques that you have utilized *each* week and (4) reflect on the impact that they have on you as you process these difficult topics. Specific Reflection Log prompts may be assigned at the instructor's discretion.

Reflection logs are to be *hand written* on any desired medium. *Please be mindful of the legibility of your writing.* Creative expression (e.g., artwork, poetry, doodles) is encouraged.

#### 4. **Research Paper** (30 points)

For a final course project, you will write a 10-12 page *publishable* paper on a course topic of your choosing (e.g., IPV, child emotional abuse, elder neglect, family response to natural disasters). Papers should be written in groups of 2-3. *Topic approval must be given by the instructor by October 14.*

In this paper, you will:

1. Present a brief review of the literature on your selected topic as it relates to couple or family relationships. In this review, you will present information on prevalence, correlates, and common outcomes of the presenting topic.
2. Present a brief review of a particular family systems theory that can be used to treat and/or conceptualize the selected topic. In this review, (a) describe the basic tenets of the theory and (b) provide a summary of the ways in which this theory has already been used to treat and/or conceptualize this presenting problem. (If the literature does not indicate that this theory has been used in conjunction with this presenting problem, you may provide a review of the ways in which this theory has been used with presenting problems related to your selected topic.)
3. The following section should comprise the bulk of your paper. It is intended to provide a space for you to develop your own creative contribution to the field of trauma. You may choose to complete one of the two following options:
  - a. Develop and describe a creative therapeutic intervention for the systemic treatment of the selected topic from the perspective of the selected family systems theory, or
  - b. Describe the ways in which a particular theological perspective might be used to help inform systemic care of the selected topic from the perspective of the selected family systems theory.
4. Provide a discussion of your paper, highlighting the strengths, limitations, and contraindications of this therapeutic intervention / model.

This paper is to be written in such a way that it could be submitted to the editor of a peer reviewed journal for publication. The paper should be typed in APA-style (6th ed.). Include an abstract, introduction, APA style headings, and appropriate citations. Your paper should include a *minimum* of 12

references to peer reviewed articles that *you read and cited throughout your paper* (i.e., primary resources, not secondary resources). In an effort to read current professional literature (AMFTRB Domain 6.3.1) and to encourage the use current research to inform clinical practice (AMFTRB Domain 6.3.2), a *minimum* of 6 of these references must be for peer reviewed articles published within the past 5 years. The title page and references are in addition to the 10-12 page length requirement. A hard copy of your paper is due by the *beginning of class on December 2*. Groups will provide a brief (10 minutes) presentation of their paper. The following rubric will be used to grade your paper. *It is my hope that this assignment will prepare you to eventually submit a manuscript for a professional presentation and/or peer reviewed publication.*

**STMC 5750 – SYSTEMS OF TRAUMA TREATMENT RESEARCH PAPER (TOTAL POINTS POSSIBLE = 30)**

	<b>Unsatisfactory (0)</b>	<b>Developing (1)</b>	<b>Satisfactory (2)</b>	<b>Exceptional (3)</b>	<b>Score</b>
<b>TOPIC APPROVAL</b>	Irrelevant topic; not approved by instructor.	(Not Available)	(Not Available)	Relevant topic; approved by instructor.	
<b>INTRODUCTION</b>					
<b>Definitions</b>	Relevant terms not defined.	Some relevant terms not clearly &/or inaccurately defined. <b>Cited.</b>	Relevant terms accurately & adequately defined. <b>Cited.</b>	Relevant terms clearly, accurately, & exceptionally defined. <b>Cited.</b>	
<b>Prevalence</b>	Prevalence statistics of traumatic experience not provided.	Prevalence statistics of traumatic experience provided. Minimal / vague / inaccurate responses. <b>Cited.</b>	Prevalence statistics accurately & adequately described. <b>Cited.</b>	Prevalence statistics of traumatic experience exceptionally clearly, thoroughly, & accurately described. <b>Cited.</b>	
<b>Correlates</b>	Not provided.	Minimal / vague / inaccurate description of correlates. <b>Cited.</b>	Correlates accurately & adequately described. <b>Cited.</b>	Correlates clearly, thoroughly, & accurately described. <b>Cited.</b>	
<b>Outcomes</b>	Outcomes of traumatic experience not provided.	Outcomes of traumatic experience provided. Minimal / vague / inaccurate responses. <b>Cited.</b>	Outcomes of traumatic experience accurately & adequately described. <b>Cited.</b>	Outcomes of traumatic experience exceptionally clearly, thoroughly, & accurately described. <b>Cited.</b>	
<b>Thesis</b>	Review of paper & thesis statement not provided.	Minimal / vague review of paper & thesis statement provided.	Accurate & adequate review of paper & thesis statement provided.	Exceptionally thorough, clear, & concise review of paper & thesis statement provided.	
<b>THEORY</b>					
<b>Basic tenets</b>	Appropriate family systems theory not reviewed. Response irrelevant or insufficient.	Minimal / vague / inaccurate review of basic tenets of appropriate family systems theory. <b>Cited.</b>	Adequate review of basic tenets of appropriate family systems theory. <b>Cited.</b>	Exceptionally thorough review of basic tenets of appropriate family systems theory. <b>Cited.</b>	
<b>Tx of problem</b>	Irrelevant or insufficient review of the ways in which the identified family systems theory has been used to treat the presenting problems related to the selected trauma topic.	Minimal / vague / inaccurate review of the ways in which the identified family systems theory has been used to treat the presenting problems related to the selected trauma topic. <b>Cited.</b>	Adequate review of the ways in which the identified family systems theory has been used to treat the presenting problems related to the selected trauma topic. <b>Cited.</b>	Exceptionally thorough review of the ways in which the identified family systems theory has been used to treat the presenting problems related to the selected trauma topic. <b>Cited.</b>	
<b>INTERVENTION or THEOLOGICAL PAIRING</b>					
<b>Innovation</b>	Contribution not creative or innovative.	Minimally creative & innovative contribution.	Adequately creative & innovative contribution.	Exceptionally creative & innovative contribution.	
<b>Clarity</b>	Irrelevant or insufficient description of creative contribution.	Minimal / vague / incomplete / unclear description of creative contribution.	Adequately clear, complete, & concise description of creative contribution.	Exceptionally clear, thorough, & concise	

				description of creative contribution.	
<b>Topic &amp; theory</b>	Irrelevant or insufficient response to ways in which creative contribution relates to selected family theory & tx of trauma topic.	Minimal / vague / incomplete description of ways in which creative contribution relates to selected family theory & tx of trauma topic.	Adequate description of ways in which creative contribution relates to selected family theory & tx of trauma topic.	Exceptionally thorough description of ways in which creative contribution relates to selected family theory & tx of trauma topic.	
<b>DISCUSSION</b>					
<b>Summary</b>	Irrelevant, insufficient, or missing summary.	Minimal / vague / incomplete summary.	Adequate summary.	Exceptionally thorough & concise summary.	
<b>Strengths</b>	Strengths of creative contribution not addressed.	Minimal / vague / incomplete description of strengths of creative contribution.	Adequate description of strengths of creative contribution.	Exceptionally thorough description of strengths of creative contribution.	
<b>Limitations &amp; contraindications</b>	Limitations & contraindications of creative contribution not addressed.	Minimal / vague / incomplete description of limitations & contraindications of creative contribution.	Adequate description of limitations & contraindications of creative contribution.	Exceptionally thorough description of limitations & contraindications of creative contribution.	
<b>REFERENCES</b>	Less than 6 scholarly peer reviewed references included; &/or no references dated w/in past 5 years.	6-8 scholarly peer reviewed references included; &/or only 1-2 references dated w/in past 5 years; &/or 4-6 citations not referenced.	9-11 scholarly peer reviewed references included; &/or only 3-5 references dated w/in past 5 years; &/or 1-3 citations not referenced.	12+ scholarly peer reviewed references included. 6+ references dated w/in past 5 years. All citations referenced.	
<b>CITATIONS</b>	Citations missing from 7+ necessary places; &/or 9+ references not cited.	Citations missing from 4-6 necessary places; &/or 5-8 references not cited.	Citations missing from 1-3 necessary places; &/or 1-4 references not cited.	Citations included in all necessary places. All references cited.	
<b>ABSTRACT</b>	Irrelevant, inadequate, or missing abstract.	Cursory or vague abstract; &/or not w/in word limit.	Adequate abstract w/in word limit.	Exceptionally thorough, complete, & concise abstract w/in word limit.	
<b>APA (6th ed.)</b>	7+ formatting errors.	5-6 errors in formatting.	3-4 errors in formatting.	1-2 errors in formatting.	
<b>WRITING QUALITY</b>	7+ errors in grammar, spelling, punctuation, & style; &/or rough transitions b/n sections.	5-6 errors in grammar, spelling, punctuation, & style; &/or rough transitions b/n sections.	3-4 errors in grammar, spelling, punctuation, & style; &/or rough transitions b/n sections.	1-2 errors in grammar, spelling, punctuation, & style. Reads smoothly. Quotations used appropriately & sparingly. Logical transitions.	
<b>PRESENTATION</b>	Not presented.	Minimal / vague / incomplete presentation. Not within time limit.	Adequate presentation. Within time limit.	Exceptionally thorough & concise presentation. Within time limit.	
<b>TOTAL SCORE &amp; COMMENTS</b> (-5% / day late)					

## PROGRAM AND UNIVERSITY POLICIES

### CODE OF STUDENT CONDUCT

Seattle University's [Code of Student Conduct](#) can be found on the [policies page](#) of the [Office of the Dean of Students](#) website. Information in the Code includes student policies, sexual misconduct information and resources, and information about the [Integrity Formation](#) process. Notification of changes reflected in the current version of the Code can be found on the [Recent Code Updates](#) page.

### CARE Team (Formerly Students of Concern Committee or "SOCC")

The [CARE Team](#) is a cross-campus committee whose primary focus is the health and safety of all Seattle University students. The CARE team reviews referrals from the campus community about specific behaviors or short-term circumstances that may involve barriers to student success or threats to the safety and security of the student and/or the University community. Please visit the [CARE Team](#) page of the Office of the Dean of Students website for more information. In an emergency, please call the Department of Public Safety at (206) 296-5911.

### ACADEMIC INTEGRITY

The School of Theology and Ministry strictly adheres to the Academic Policy concerning [Academic Integrity](#).

### DISABILITY SUPPORT SERVICES

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

### RESPECT FOR DIVERSITY

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

[Policy on Religious Accommodations for Students](#)

### ACADEMIC POLICIES & RESOURCES

- [Learning Commons](#) - Learning Assistance Programs, Research [Library] Services, Writing Center, Math Lab
- [RedHawk Axis](#) - academic policies including Academic Grading Grievance Policy
- [Registrar and Operations](#) – registration, transcripts, withdrawal (please consult with Clinical Coordinator)
- MACFT Clinical Handbook