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Developing Graduate Curriculum Faithful to Professional Training and a Christian Worldview

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Abstract

Trends in Christian higher education indicate a growing interest in professional training programs that take Christian faith commitments and values seriously. This article explores one professional graduate program with secondary accreditation that attempts to be faithful to a Christian worldview while at the same time honoring the developments within its particular discipline. In a desire to practice what we preach, several key components of an intentionally developed curriculum will be described including isomorphic accountability, self-in-relation exploration and mentoring. Some philosophical and theological foundations and pedagogical examples are offered. Finally, implications for graduate program development emphasize the need to attend to the language and processes of curriculum delivery and not just to the content.

Marriage and Family Therapy Program: Context and Mission

Situated within liberal arts and residential undergraduate contexts, many Christian colleges are becoming universities through the development of graduate-level professional programs such as masters in business administration, education, or counseling. The Master's of Science degree in Marriage and Family Therapy (M.S. in MFT) is one such program, geographically located in an urban setting and housed in Seattle Pacific University's School of Psychology, Family and Community.

The MFT program prepares students for clinical practice with families, couples and individuals based on family systems therapeutic ideas. This training is offered through 70-quarter units of academic coursework and supervised clinical practice completed over two or three years. Students become skilled in providing assessment and interventions for the treatment of family and individual problems such as marital conflict or adolescent depression. After completion of the program and post-graduate clinical practice and supervision, graduates are eligible to become professionally licensed to practice independently. The program became nationally accredited by the Commission on Accreditation for Marriage and Family Therapy Education in 2002.

Three major goals guide the overall educational planning of the MFT program: (a) apply family systems theoretical models and clinical interventions to therapeutic work with individuals, couples, groups, and families; (b) examine personal and professional values and integrate them into an ethical practice of family therapy; and (c) demonstrate awareness of socio-cultural and professional trends in the practice of psychotherapy. A focus of the MFT program is to emphasize students' understanding of and sensitivity to the moral-values-spiritual dimensions of their own lives and how these dimensions interact with their clients' lives. Persons are viewed and treated holistically--within biopsychosocial and spiritual domains. The value of exploring the

worldviews of our clients with an open and respectful attitude is centrally embedded in the program including multicultural lenses of understanding. All of these goals fit centrally to the professional training of MFTs as well as to secondary accreditation standards of our discipline. Finally, while faculty and staff are all Christians and bring this faith perspective into their training, students are not required to share any particular belief orientation.

Philosophical Roots and a Systemic Worldview

The MFT program is based upon articulated worldviews, upon a deepened awareness of the self of the therapist, and upon development of professional capabilities. All three, working reciprocally and under girded by a shared theological core, provide conceptual underpinnings for the curriculum and for faculty-student interactions. The program mission statement summarizes these intersections:

...to provide the highest quality education and training in MFT, in a distinctly Christian context. The program focuses on the development of the self of the therapist through the integration of theory, research and practice, within a social-ecology perspective and guided by foundational Christian principles. Training is guided by values of openness, respect, curiosity, and accountability (*SPU Graduate Catalog, 2007-08*).

A worldview is the conceptual means through which an individual or group organizes and makes sense out of life (Ho, 1995; Holmes, 1983; Sire, 2004). Christian worldviews acknowledge essential meanings of the faith, as summarized in such forms as the Apostles' Creed and the Nicene Creed (Holmes, 1983; Jeeves, 2004; McLaren, 2004). It is at the worldview level that the family therapist who is also a Christian distinctively compares and seeks to understand the basic tenets of various faith beliefs (e.g., theology), secular concepts (e.g., sociopolitical ideology), and psychotherapeutic theories and methods (e.g., family therapy).

While worldviews are not synonymous with theories, these domains overlap in significant ways. One or more worldviews, secular and/or sacred, is at the core of each theory or model. Worldviews are foundational to and usually encompass theories (MacDonald & Webb, 2006; Sue & Sue, 2007). Therapists of various faiths look to worldviews to help discover basic assumptions of their own perspectives and are also essential to psychotherapy, as clients and therapists commonly bring such meaning-making questions to therapy (Olthius, 1999).

A central worldview in most MFT programs is systems thinking. The metaphysical, epistemological, and ontological contributions of General Systems Theory (Bertalanffy, 1968) under gird the entire program. Although Bertalanffy titled this a theory, systemic thinking fits more into a worldview definition. A systemic worldview holds that many processes in the universe are reciprocally linked in an ecological whole, from the biosphere to individual functioning. For example, the depression of a 55 year old married Latin-American woman might be explored from the biological level (e.g., medication), the psychological level (e.g., feelings of hopelessness), social-relational level (e.g., high conflict with spouse), cultural level (e.g., duty to stay married) and spiritual level (e.g., receives comfort when praying the rosary). Different family therapy theories (Nichols & Schwartz, 2006) overviewed in the program fall under a systemic orientation and these theories focus on various social contexts to understand a clinical problem and to provide therapists with tools to help clients address the problem.

As brilliantly observed by John Donne's 1624 devotional poetry, *No Man Is an Island* (Booty, 1990) and indicated by quantum and theoretical physics (Greene, 1999; 2004), relationships can be seen as systemically connected wherein each event affects other events. At the clinical level, a therapist who holds a systemic worldview and who is seeing an individual client understands that therapeutic experiences influence the therapist and client, those who are

in relationship with the client, and those who are in relationship with the therapist. No matter how many people are in the therapy room at a time, it is always very crowded!

Theological Roots and taking a Relational Stance

A rich ecumenical theology permeates the MFT program and provides some worldview linkages between psychotherapy theories and Christian theology. One tie links relational anthropology (Anderson, 1996; Shults, 2003) and a systemic worldview with concepts consistent with the doctrine of the *body of Christ* (Grudem, 1994). As noted in Hall and Thoennes (2006), the incarnation was God's supreme act of self-disclosure and models to us an embodied call to life with God and with each other. All parts of humanity and the Trinity experience incarnational relationships with each other (Hung, 2006). Creator and creation have opportunity to be in continuous relationship, whether at the grocery store or during a therapeutic conversation.

Another worldview facet is the perspective of the program faculty. Similar to the views of McLaren (2004), university faculty in our program seek Christian orthodoxy at their theological core; however, each person displays diversity in the expressions of that core. Central tenets of catholic Christianity are essentials for a faculty and university who profess Christ as Savior as they conduct a professional preparation program. Yet each faculty member embodies and interprets Christian faith and touches students' lives in distinctive ways. Faculty and staff hold to faith beliefs amidst students, and even a profession, that may not share the same values. Throughout the program, we invite open conversations about these positions along the way.

The MFT faculty regards spiritual formation as an intrinsic part of the student's total developmental experience toward becoming a therapist (Carter & McGoldrick, 1999; Walsh, 1999) as well as central to all Christian faith exploration (Fowler, 1984). Within that broad context, the faculty seek to foster spiritual growth in each student and each other in terms of: (a)

awareness of personal spirituality; (b) awareness of and respect for spirituality as a vital aspect of clients' lives and in the lives of entire communities; (c) intentional self-monitoring and self-evaluation of spiritual-moral-ethical-cultural ramifications of personal and professional choice; and, (d) speaking of and modeling Christocentric principles. The faculty also schedule opportunities to discuss Christian faith issues with students individually or within appropriate class contexts and welcome spontaneous interactions in these domains.

Over the years, the MFT program developed an acronym to focus our training, which we term *The ORCA Stance*. Starting first as a description of clinical values that we held (Naden, Callison, & Haynes, 2002), the rubric has developed into a clinically-applied, theologically influenced *relational stance* that we strive to have with others, both clients and colleagues. This relational stance reflects several central components of our Christian theological understanding (i.e., foundational Christian principles referred to in our MFT mission statement) and can be identified by each letter in ORCA. "O" stands for Openness, "R" for Respect, "C" for Curiosity and "A" for Accountability. *The ORCA Stance* is not simply a group of values that we hold or teach, but involve practiced, interpersonal dimensions that we strive to uphold in our daily interactions with clients, students, and among our colleagues.

Brief definitions of each component of *The ORCA Stance* are offered below. *Openness* is the interpersonal capacity to respond to and receive what others give. Openness requires that persons be interpersonally impacted through their relationships with one another, and expands the self to understand deeply the perspective of the other. Compassion fatigue is a common and taxing result of Openness (Figley, 2002; Grauf-Grounds & Edwards, 2007) since the therapist is open to experience the trauma of another's life. From a theological understanding, Openness is

the domain of God's grace, shown in the accepting love of Jesus. Grace stays present with another no matter what, even amidst difficult encounters or disclosures of "sinful" behavior.

The second component of the ORCA Stance is Respect. *Respect* is the interpersonal capacity to see and respond to another as a unique and valuable creation of God. Respect imagines that our Creator God has purpose and meaning embedded in the lives of each of God's creatures. Each person has worth and dignity that we can respond to and encourage within our interactions as well as within relationships. Respect is the domain of God, the Creator.

The third component is *Curiosity* or the capacity to wonder out loud as well as reflect within about the contexts of persons' lives without the need to fix anything right away. Curiosity helps us to imagine how God's Spirit might be working in our clients lives and creates a posture of humility. As therapists, we need to be cautioned away from taking an "expert" position and to listen to what our clients say, to their wisdom, and what resources they bring to our work together. *God works in mysterious ways*, even within clinical or supervisory or academic encounters. Curiosity is the domain of the Spirit.

Finally, *Accountability* is the ability to be responsible for the impact that one has in the relationship, particularly the social power within the relationship. Accountability recognizes the need to take ownership for behavior at personal, interpersonal, professional and societal levels. Accountability takes seriously our ethical and legal responsibilities in our role as teachers, supervisors and evaluators of young professionals, before God and others. However, it also emphasizes the often *unrecognized* social power that can be present in relationships due to gender, socioeconomic status or race. Accountability helps us to understand the multiple contexts of our professional relationships within larger socio-cultural domains that cannot be ignored even within intimate connections. Accountability is the domain of "loving neighbor as self."

We do not hold out our *ORCA Stance* as a fully functioning Christian systematic theology; however, we do maintain that this intentional and articulated perspective helps to shape our professional training within a distinctively Christian context and worldview. This *ORCA Stance* clearly informs our training and pedagogical choices; faculty and students regularly reflect on the ORCA stance's impact on their clinical and interpersonal work. Assignments are sequenced throughout the training to invite students to grow and develop in their ability to put language to their working framework of how Christian faith shapes their clinical understanding and life experiences. It also helps the program in developing an intentional curriculum sequence.

Training and Pedagogy as Isomorphic Accountability

Clinical training within our program naturally occurs in various contexts. General systems thinkers attempt to maintain an awareness of these numerous contextual perspectives in their interactions. For example, every *individual* is part of a *family* which is part of a *community* which is part of a *culture* and so on. In our clinical training context, each *student* is part of a *supervision group* which is part of a *cohort* that is part of a *program*. Furthermore, our training context exists within a larger contextual structure--*students, faculty, department, school* and *university* (see Figure 1).

Place Figure 1 about here

Central to a systemic perspective is the concept of isomorphism (i.e., iso = same, morphic = structure). Isomorphism indicates that there can be parallel structures and processes at different but related contextual and relational levels. For example, if a family with a troubled child and therapist are “stuck in frustration” in their clinical work, it is not uncommon for us to notice “frustrated stuckness” between the therapist’s supervisor and the therapist and “frustrated

stuckness” between the family and the school system. Systems thinkers attend to the multiple layers of systems as well as to the relationships involved.

Isomorphic Accountability refers to the training structures that we create to embody our *ORCA Stance* intentionally throughout the program. In this we are responding to our core theological understanding and training mission. As educators, we attempt to pay close attention to these multiple layers of relationship to promote intentional ways of educating that fit our underlying values. In a sense we attempt “to practice what we preach” through the selection of particular training and pedagogical processes that are developmentally sequenced at multiple levels. We may teach in class about the interrelationships of individual and family and then coordinate a particular exercise for an individual within his/her practicum supervision group. Several other examples may be helpful at University, Department, Faculty and Student levels.

University Level

All new faculty at Seattle Pacific are given load relief for one course so they can participate in a New Faculty Seminar. Run like a graduate-level class, faculty are required to read professional articles and write papers on the possible ways their own disciplines interface with their Christian faith. These papers provide the basis for *Faculty Handbook* requirements at Third Year Review and Tenure application points including a written discussion of their own Christian faith journey, creedal statement, faith/discipline interface and philosophy of teaching. Through our University’s commitment to new faculty, students are able to hear a more informed and articulated understanding of Christian faith within the classroom.

Department Level

Prospective MFT students apply for our program and many are invited to an all-day interview experience. After meeting in a large group, we assign students to sit in the same small

group of applicants for the entire day, based on a combination of issues such as gender, life experience, and cultural diversity. Throughout the day, one faculty member, along with either a current student or recent graduate, rotates through the small groups. The interview is structured to be isomorphic to the 2-3 year clinical training program; students are divided into practicum groups who sit together during their entire internship experience. During the internship sequence, clinical supervisors rotate through these groups every 6 months.

For those accepted into the program, the department runs a required 24-hour long New Student Retreat. We begin introducing our students to our way of “being together”; we organize the retreat to provide opportunities for isomorphic training processes. For example, we facilitate an encounter where the faculty sit on the floor in the middle of a circle of students and engage in a 40-minute conversation around our thoughts on integrating our Christian faith with our vocation of teaching and providing therapy. This conversation is followed by the faculty joining the larger circle and listening to the students’ reflections on the conversation.

Not only does the content of our faculty conversation occur throughout our curriculum, the process of how we go about the conversation is isomorphic to our way of being as Christians. We attempt to embody our *ORCA Stance* as we think and wonder aloud with our students, become transparent in some of our thought processes, and create space for soliciting and listening respectfully to students’ experience of witnessing our faith and exploring their own.

Faculty Level

Each Monday we hold a 90-minute faculty meeting where we share celebrations and concerns with each other. Generally, the first 30-minutes is spent “checking in” about our lives and lays the foundation for our work together. At times, we bring our concerns before God

through prayer. Later in the meeting we move on to the work of our relationships with each other, our students, our community supervisors, and our profession as a whole.

The structure of our faculty meetings is isomorphic to the manner in which we organize student supervision meetings. Supervisors provide a 30-minute “checking in” time during a three-hour supervision class where we support our students as their lives are affected by their clinical and academic encounters. We care for our students and provide them with opportunities to focus and support each other in a way similar to what the faculty does.

Student Level

The student clinical journey culminates in our training program with a Final Case Portfolio presentation. Students prepare for this presentation especially during the last quarter of a seven-quarter clinical practicum experience. Focusing on their work with one client family, students present 6 separate video-clips of providing therapy. During the 2-hour presentation, students articulate how they conduct therapy, both failures and successes. Furthermore, they reflect on their journey and demonstrate their professional competencies developed during the training program. Throughout this process, an *ORCA Stance* often becomes illuminated.

The MFT faculty believes that each of system levels noted above (university, department, faculty, and student) co-influence and reciprocally impact how we do the work we do. It is embodied and lived out, moving beyond the conceptual, and articulated in our praxis. By attending to Isomorphic Accountability, we not only teach using language about what we do, but actually train because of how we interact with each other.

The Centrality of “Self-in-Relation” Development

One distinctive of our MFT program is the emphasis on the “self-in-relation” development of the therapist. Family therapists bring to their work a sense of who they are; this

sense combined with an ability to establish a context for and understanding of relational healing are central to our MFT training. Research has indicated that conducting therapy with an individual out of his or her context of relationships produces less effective results (Henggeler, Schoenwald & Pickrel, 1995; Henggeler, et al, 2003). Family therapists are trained to work in areas of overlap among interactive relationships. In so doing, the therapist needs to be aware of how their sense of self interacts not only with individuals, but with the multiple relationships that might present (Tomm, 1988). Therefore, students must develop a clear sense of “self” as a therapist; a student therapist must take a journey within his/her inner world and private thoughts as well as through many contexts of relationships.

Recognizing that values greatly influence a clinician’s way of providing therapy, it is important for students to examine what personal qualities, values, actions, and assumptions they have. Faculty believe that as each student (and faculty member) knows their own “epistemology,” they will function more effectively in the clinical encounter. Therapeutic effectiveness often rests on a clinician’s ability to be compassionately engaged while remaining clear and separate from the client/family (Bennett-Levy, 2006; Shadley, 2000).

Early on in training, students write a four-part paper called “A Personal Epistemology.” The paper includes the students’ perspectives on human nature, spirituality, their personal journey related to becoming a therapist, and how human and relational change occurs. These papers are written, reflected upon by the faculty, and then rewritten. The rewriting “dialogue” process provides an opportunity for examining presuppositions and experiences that create meaning for the student. For example, in the “spirituality” section of the personal epistemology paper, the following questions are asked: “What is your definition of spirituality?”, “What are the components and/or experiences necessary for a person to have a meaning-filled life?” “How do

you envision your ideas will shape your therapeutic work?” Students are asked to include the “sources” of their beliefs, including life experience, teachings from others, and reading. In response to their papers, faculty and clinical supervisors often engage the students by challenging ideas and asking difficult questions. These assignments create a space for the exchange of diverse ideas and a deeper embodiment of students’ personal and professional narratives.

Since this written dialogue with students about their beliefs is shaped within the context of a Christian University and by Christian teachers, the faculty members do not shed their Christian beliefs and commitments at the door of the hall of learning. Instead they enter in with their beliefs and histories, attempting to honor the diversity of the students’ sense of self, while being clear and overt about their own lives. Faculty hope that new insights are brought into consciousness, and then articulated, developed and enacted through these incarnational and dialogical processes.

Another key exercise used to clarify self-in-relation development occurs in a class called “Becoming a Systems Therapist.” A central assignment for the class requires each student to develop their own four-generation genogram or “family tree” which describes their family’s patterns (e.g., relationship styles, religious influences, health issues, education) and significant family information (McGoldrick, Gerson, & Petry, 2008). This project helps the student to discover themselves in the context of their family background and relational patterns. In analyzing their family of origin, therapists-in-training come to a better understanding of how they came to be who they are. The therapist clarifies ways in which family relationships influenced how the “self” developed and how this has shaped interactions, meanings, and relationships in their current lives. Such exploration is necessary so that a therapist can remain less reactive and intentionally present to their clients’ search for healing.

As the student becomes more aware and conscious of their worldviews and practices, they are then asked to expand their understanding to include broader contextual issues. MFT trainees need to move from being culturally unaware to becoming aware and sensitive to other cultural heritages and to appreciate diversity (Augsburger, 1996; Breunlin, MacKune-Karrer & Schwartz 1997; Ridley, Li & Hill, 1998; Sue & Sue, 2007). The student expands their ability to remain curious and compassionate to others who are different from them.

In order to provide an introduction to some of the multitude of cultural, socioeconomic, and ethnic variables that may bear upon a clinical situation in family therapy, MFT trainees participate in MAPS or Multicultural Action Plans (Pressly, Parker & Jennie, 2001). MAPS exercises involve moving out of the student's cultural comfort zone into more unknown domains including experiencing a cultural activity (e.g. eating at an ethnic restaurant), interviewing a community leader, and spending time with a family from a different culture. Students summarize their experience, reflecting areas of identification, reasons for selecting the experience, feeling or reactions to the experience, and the potential value of the experience for a family therapist. The making of a marriage and family therapist is not simply acquiring new knowledge and techniques; it entails the exploration of self in different relational contexts. As noted by a MFT graduate student: "Today, I have more of a well-informed sense of self. I have come to a new light and an increased awareness. Development of the self is a critical piece to the therapy process, without it, I would feel lost."

The Role of Mentoring Clinicians in Shaping People of Faith

Foundational to our teaching and interacting with students is the understanding that beyond the role of teacher, advisor, and supervisor is the role of mentor. We resonate with the research that states that the integration of psychology and theology in Christian graduate

programs was found to be “caught, not taught” as students learned through an attachment with mentors who modeled that integration (Sorensen, Derflinger, Bufford, & McMinn, 2005).

In mentorship, there is the desire for the relationship to be transformative and enduring both professionally and personally. Significant literature reveals the far-reaching benefits of mentorship for graduate students. Career advisement, networking opportunities, psychosocial support, professional modeling, constructive and supportive feedback, and clarification and coaching within the unwritten rules of graduate school and professional culture are all cultivated in strong professional mentoring relationships (Casto, Caldwell & Salazar, 2005; Eby & Lockwood, 2005). Students who identify a significant mentor while in graduate school report higher ratings of career and life satisfaction and more rapid career advancement (Cherry, Messenger, & Jacoby, 2000; Ragins & Cotton, 1999).

Within the role of mentor is the understanding that we care for the whole person in context of their schooling, their relationships, their history, and their lives. We understand that we come alongside a student in a specific time in their history. Given the comprehensive psychosocial and spiritual effects of graduate training on the students’ lives and relationships outside of school, we respect the varied and sometimes severe complexities which emerge. We recognize that this experience may impact core meanings and beliefs dearly held when students began the program. Given this often unsettling process, we have a responsibility to support our students as they transition to deeper understandings. We often share stories of struggle from our own histories. We do not rely only on an academic understanding of why we do what we do. Modeling is at the core of the mentoring experience and is at the center of the integration of faith and teaching. We model the value of self-reflection and the related centeredness that comes from a self understanding that is responsible to both God and others.

As faculty, we position ourselves to be in relation to students so that we might solicit their life authorship while, at the same time, reveal our own calling. We respectfully read about our students' life struggles and attempt to share our own. Both are deeply spiritual practices. When we value both the acquired understanding of our students as well as invite them into the formation of their future, we encourage them to live with passion, purpose and meaning. These are life giving forces. As noted by a student, "One of the key factors that made a mentoring relationship so powerful is that we were treated as though we were equals. The profs clearly had more experience... but we were always treated as though we were there on equal footing with things to learn and experience to gain," For mentoring to be transformative, there must be congruency between what we say we value and who we are in our interactions.

In the mentoring relationship we often see a demonstration of God's grace and Christian discipleship as the student and faculty mentor engage relationships that embody the integration of professional and personal vocation. The mentor taking the lead, teaches, models, guides, listens, challenges and affirms in a way that honors not only the student, but might demonstrate the transforming love of Christ. Paul Wadell, addressing seminary mentorship, said it well. "*What makes the gospel believable to students is not teaching it but living it*" (Jones & Paulsell, 2002, p.). Authenticity reveals core spiritual and clinical values and makes manifest our faith. Our actions speak our values and beliefs, and either affirm our words or discount them. Without this consistency, our actions, whatever they are, ultimately will be the core mentor.

Implications

Training programs within Christian institutions will benefit from intentionally developing a curriculum that attends to a broadly Christian worldview as well as to the content of a particular academic profession. We encourage professional training programs in Christian

universities to develop a working narrative to focus this curriculum in the same way that the *ORCA Stance* does for us.

More importantly, however, we must consider the way we actually embody and structure our training. We need to ask ourselves as faculty members whether or not we practice what we preach. How do the values and concepts that we describe actually show up within the context of our lives and relationships? How do we conduct ourselves with each and with our students? We must be willing to expose our vulnerabilities and limitations, own our convictions and ways of understanding, and learn from our students.

Also, we need to promote specific ways of learning to help our students engage in connections between Christian faith understanding and their professional skill development. Besides being purposefully and developmentally sequenced, written projects and oral presentations and/or discussion must include ways to balance safe exploration with challenge. Professional programs might benefit from defining a Final Portfolio or Project that incorporates personal awareness and reflection as well as skills associated with professional competence.

We encourage other graduate programs that are nested in Christian institutions to attempt to develop intentional language that is faithful to both a Christian worldview and their particular professional training program. We believe it is vital that professional programs demonstrate a Christian understanding within their pedagogical methods. Our program hopes to be one specific example of how to begin this process and we hope others will also share their journey.

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Figure 1: Nested systems ideas for training

