

"We are a community that commits itself to diversity and sustainability as dimensions of a just society" --Lewis and Clark Mission Statement

LEWIS & CLARK COLLEGE

GRADUATE SCHOOL OF EDUCATION AND FAMILY THERAPY

MCFT 582-02 Internship in Marriage, Couple, and Family Therapy SPRING 2017

| Time & Day: | 1:30 – 8:00 pm Mondays (Plus additional hours to total at least 8) |
|---------------|---|
| Location: | L&C Community Counseling Center |
| | 4445 SW Barbur Blvd., Portland, OR 97239 |
| Instructor: | Carmen Knudson-Martin, Ph.D. |
| | carmen@lclark.edu |
| Office Hours: | Tuesday 1-3; Thursday 4:30-6:30 (call CPYS office to schedule an appointment) |
| | 319 Rogers Hall |
| Phone: | 909-262-7725 (cell) |

CATALOG DESCRIPTION

Supervised practice bridging theoretical and practical topics; students apply their emerging skills and understanding of family therapy models to their work with individuals, couples, families, and groups; overview of basic family therapy concepts and skills, including skill development through role-playing and simulated family therapy experiences.

Credits: 4 semester hours.

MCFT STUDENT LEARNING OUTCOMES

This course promotes the following student learning outcomes:

SLO 1.3 Students apply systems/relational theories to case conceptualization.

SLO 2.1 Students self-reflect on the implications of own and others' social location in clinical practice.

SLO 2.2 Students' clinical practice demonstrates attention to social justice and cultural democracy.

SLO 3.2 Students draw on the research literature relevant to family therapy in case planning

SLO 4.1 Students apply ethical decision-making processes to clinical dilemmas.

SLO 4.2 Students provide competent service according to the AAMFT code of ethics and core competencies.

SLO 4.3 Students demonstrate integration of family therapy theory, equity, and social location in clinical practice.

COURSE OBJECTIVES

As a result of this course students will:

- 1. Apply their developing skills and understanding of systemic clinical processes to treatment planning and practice of marriage, couple, and family therapy.
- 2. Engage in self-reflection and supervision practices that facilitate development of clinical skills.
- 3. Integrate family therapy theory, equity, and social location issues in clinical practice.
- 4. Demonstrate ethical clinical judgment in consultation with supervisor and practicum group.

REQUIRED TEXT

Gehart, D. (2016). Theory and treatment planning in family therapy: A competency-based approach. Boston, MA: Cengage Learning.

COURSE DESCRIPTION

This course provides experience in applying family therapy theory to clinical practice in our departmental clinical training facility, the L&C Community Counseling Center, while concurrently beginning an externship in a community agency. Through live supervision and team consultation, students will have the opportunity to apply a variety of systemic ideas and practices reflective in social justice based Marriage and Family Therapy approaches. Throughout your clinical practice, you will participate in group and individual supervision. You may be asked to meet with your supervisor alone or with one other MFT trainee in the program. Individual supervision is defined as no more than two supervisees meeting with a supervisor face to face. Depending on your location, you will also meet as a group with up to 10 other MFT students who are working at various sites. This group supervision will be led by an AAMFT Approved Supervisor or the equivalent.

The majority of supervision (at least 50%) must be based on raw data (i.e., live observation/video-tapes of sessions with clients or co-therapy with your supervisor). These arrangements must be maintained during academic breaks when you are not actually enrolled in the course but are seeing clients through your affiliation with Lewis and Clark College. This syllabus serves as a contract between you, the program, and your individual faculty supervisor. Before you graduate, you must complete 500 hours of direct client contact (250 relational) and 100 hours of supervision as detailed in the MCFT Clinical Training Handbook.

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- 4. Demonstrate ethical clinical judgment in consultation with supervisor and practicum group.

Throughout your clinical experience and supervision, you will be working on numerous areas of your clinical work. Areas that will be included in your evaluation at the end of the semester are outlined at the end of this document. Please review them.

COURSE REQUIREMENTS

1. Attendance, participation, disposition and dress code

- Timely attendance and active participation in all activities is expected.
- Participate in supporting the professional development of all class members.
- Keep your supervisor informed regarding the status of all of your cases.
- Contact your supervisor immediately should you encounter a clinical emergency or suspect the need to report abuse or neglect.
- Dress code: business casual. How you dress always conveys a social message, even if none is intended. Avoid short skirts and low cut chest exposing shirts.
- Learn how to use the recording equipment and computer related technology.
- Clean up after yourself and keeping the clinic space neat and clean.

2) Ethics

Practice according to the American Association for Marriage and Family Therapy (AAMFT) code of ethics and the Oregon State Laws. Inform your individual supervisor, CPSY 582 instructor/group supervisor, and/or the program clinical coordinator of any potential ethical or legal infractions you may be involved in or know about.

3) Supervision

- Let your supervisor know when supervision is and isn't "working" for you so that you can maintain a positive working relationship.
- Be involved and offer input about all cases presented during supervision, even if you are not directly seeing the clients.
- Keep complete and ongoing records of all client contact and supervision hours.
- Maintain contact and respond in a timely manner to clients and other professionals.
- Complete any additional requirements agreed on by you and your supervisor(s)

4). Professional Practice

- Adhere to all policies, procedures, and expectations at each clinical site.
- Maintain complete and timely case notes.
- Maintain professional image and relationships.

5) Reflective Case Analysis.

- Review video of your clinical work on a weekly basis.
- At least two times, identify segments of a session to share with the internship group and that relates to self of the therapist development.

5) Documentation

In order to receive credit for this course,

- Submit monthly summaries of client contact and supervision hours. Your L&C instructor must sign both the clinic summaries and summaries from your externship site.
- Upload end of term evaluations on taskstream. Your supervisors will complete an electronic evaluation *and* print you a copy. Then you meet with your supervisors to review it and complete the signature and goals form. Before your grade for the term in complete, each of the following must be uploaded:
 - printed copy of your extern supervisor's evaluation, with the signature form on top
 - o printed copy of your L&C supervisor's evaluation, with the signature form on top
- You must also go to taskstream and complete a confidential evaluation of each of your supervisors.

ASSIGNMENTS

Theory-based Treatment Planning: Each week the class will focus on one family therapy theory. As a group we will select one current case and write a possible treatment plan based on that theory. Students should prepare by reading the assigned chapter from the Gehart text as well as other readings related to that theory.

Self-of-Therapist Reflection and video presentation. Two times during the semester each student will select a video of a current case and review it reflecting on the following questions:

- \checkmark What was your internal experience during this session?
- ✓ How does your response to this case relate to your social location, value system, and personal experience?
- ✓ What feelings are stimulated as you interact with these clients? What do you do with these feelings?
- ✓ How can you use your internal response to benefit your clients and promote social justice?

Select a short segment of the session to share and discuss with the group.

CPSY DEPARTMENTAL ATTENDANCE POLICY

Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness maybe seen as an absence that requires make-up work.

NON-DISCRIMINATION POLICY/SPECIAL ASSISTANCE

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The College does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

If you need course adaptations or accommodations because of a disability and/or you have emergency medical information to share please make an appointment with the instructor as soon as possible.

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SPECIAL NEEDS/ ACCOMMODATIONS

Please see me individually at the beginning of the semester if you require any special accommodations as a result of a documented disability.

DISCLOSURE OF PERSONAL INFORMATION

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requires the program to have "established policies for informing applicants and students regarding disclosure of their personal information" (COAMFTE Standard 140.02, 2003). Each student should decide for him/herself what information to disclose. Students are advised to be prudent when making self-disclosures. The program cannot guarantee confidentiality of student disclosures given the group environment, although personal comments should be considered private and confidential – and remain only in the classroom – unless an exception to confidentiality applies.

CELL PHONES

Cell phones must be silenced and text messaging is not allowed during class time. If there is an emergency you may exit the class to use your cell.

EVALUATION AND GRADING

Grade is Credit/No Credit. To pass, students must complete all requirements and assignments as described, including submitting end-of-term evaluations of each supervisor and their evaluations of their supervisors uploaded on Taskstream. Failure to receive credit means that the student may not move forward into the next term of internship and administrative withdrawal from the program. Your supervisors will evaluate your clinical progress based on the criteria attached at the end of this syllabus

COURSE SCHEUDULE

1:30-1:45 Check in, assign new cases, and supervision schedule for the day

- 1:45-2:15 self of therapist presentations
- 2:15-3:15 theory-based treatment planning
- 3:15-3:45 Individual and peer supervision
- 4:00-8:00 Live supervision

Readings are from Gehart (2016) *Theory and treatment planning in family therapy*. Students are encouraged to seek additional related readings.

| Date | Topic/Presentations | Reading |
|---------|--|--|
| Jan 9 | Personal and Course Goals | Care of the soul |
| Jan 16 | Martin Luther King Holiday No class | |
| Jan 23 | Theory: Self-of-therapist presentation | Chap 5: MRI & Milan |
| Jan 30 | Theory: Self-of-therapist presentation | Chap 6 Strategic |
| Feb 6 | Theory: Self-of-therapist presentation | Chap 7 Structural |
| Feb 13 | Theory: Self-of-therapist presentation | Chap 8 Satir |
| Feb 20 | Theory: Self-of-therapist presentation | Chap 9 Symbolic- Experiential & IFS |
| Feb 27 | Theory: Self-of-therapist presentation | Chap 10 Intergenerational & Psychoanalytic |
| Mar 6 | Theory: Self-of-therapist presentation | Chap 11 CBT & Mindfulness |
| Mar 13 | Theory: Self-of-therapist presentation | Chap 12 solution-based |
| Mar 20 | Theory: Self-of-therapist presentation Arrange off-site supervisor evaluations | |
| Mar 28 | Spring Break—no class | Chap 13 Narrative |
| | | 1 |
| April 3 | Theory: | Chap 14 Collaborative & Reflecting teams |

| | Self-of-therapist presentation | |
|----------|---|--------------------|
| April 10 | Theory: Self-of-therapist presentation OFF SITE SUPERVISOR EVALUATIONS DUE | Chap 15 EFT |
| April 17 | Theory: Self-of-therapist presentation | Chap 15 Functional |
| April 24 | Wrap up and case transfer | |

EXPECTED CLINICAL SKILLS

By the end of the term, you will be expected to demonstrate the skills listed as internship 2.

1. *Therapeutic Alliance* (convey respect to all clients; join and maintain relationship with all members of system; uses self of the therapist to promote working alliance, and attends to the impact of power on the therapeutic system) SLO 2.1, 4.2 & 4.3

| Internship 1. | Internship 2. | Internship 3. Recognizes | Internship 4. |
|----------------|-----------------------------|-----------------------------|---------------------------|
| Seeks to | Joins and maintains | societal influences on | Skillfully manages |
| understand and | connection with all | therapeutic alliance and | relationship with family |
| empathize with | members in the relationship | seeks to engage silenced or | members to counteract |
| each person's | system, including those who | overlooked voices and | societal power imbalances |
| perspective. | may not be present. | perspectives. | and facilitate their |
| | | | engagement with each |
| | | | other. |

2.*Structuring and managing therapy* (explain practice setting rules, fees, rights, and responsibilities; determine who should attend therapy and in what configuration; establish and reviews goals; evaluate clients' outcomes for the need to continue, refer, or terminate therapy) SLO 4.2

| Internship 1. | Internship 2. | Internship 3. | Internship 4. |
|------------------------|----------------------------|---------------------------|---------------------------|
| Follows basic clinical | Attends to impact of | Interventions regularly | Consistently manages |
| and procedures, | larger relational systems | reflect a plan to attain | progression of therapy |
| documents | and considers who best | goals; Works with clients | toward attainment of |
| appropriately, and | to involve; Organizes | to establish and review | systemic treatment goals. |
| obtains measurable | flow of the session; goals | systemic goals and | |
| goals in collaboration | are related to | outcomes; Engages | |
| with client. | interventions. | relevant systems & | |
| | | relationships. | |

3. *Perceptual competency* (identify patterns of interaction; distinguish process from content; identify self as part of the system; develop hypotheses regarding relationship patterns & their bearing on the presenting problem; understand issues related to social justice, cultural democracy, and power) SLO 1.1, 1.2, & 4.2

| Internship 1. | Internship 2. | Internship 3. | Internship 4. |
|-----------------------|--------------------------|----------------------------|--------------------------------|
| Is developing a | Able to distinguish | Regularly recognizes and | Consistently recognizes the |
| systemic lens to | process from content in | focuses on patterns of | interconnections among |
| expand presenting | session; Recognizes | interaction and considers | biological, psychological, and |
| issues and content to | issues related to social | how these relate to larger | social systems, including the |
| hypotheses | justice and cultural | societal processes. | impact of power on the |
| regarding interaction | democracy. Reflects on | Observes impact of self in | presenting issues and own |
| patterns and | own role in the | the therapeutic process. | role in the therapeutic |
| relational and socio- | therapeutic process. | | system. |
| contextual | | | |
| processes. | | | |

4. *Intervention skills* (link interventions to theory; intervene intentionally and consistently throughout the therapeutic relationship; follow up on interventions; formulate and alter treatment plan as needed; match treatment modalities and techniques to clients' needs, goals, and values; Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client). SLO 2.2, 4.2, & 4.3

| Internship 1. | Internship 2. | Internship 3. | Internship 4. Uses a variety |
|--------------------|-----------------------------|-----------------------------|-------------------------------|
| Applies techniques | Uses a variety of clinical | Expanded intervention | of skills to achieve specific |
| from at least one | skills, and is beginning to | skill set; Emerging ability | systemic goals; consistently |
| systemic therapy | connect them to a clear | to link skills to overall | attuned to client's unique |
| approach. | overall focus or systemic | systemic approach; | social location |
| | rationale. | recognizes larger context | |
| | | issues and applies | |
| | | appropriate interventions. | |

5. Contextual awareness, knowledge and skill (demonstrate of integration of family therapy theory, equity, and social location issues in clinical practice; recognize impact of interventions on wider system; apply systems/relational theories to clinical case conceptualization; recognize how different techniques may impact the treatment process and larger systems issues of justice and power. SLO 2.1, 2.2, & 4.2

| Internship 1. | Internship 2. | Internship 3. | Internship 4. |
|---------------------|-------------------------|----------------------------|-----------------------------|
| Identifies own | Recognizes issues of | Sessions expand | Clinical practice regularly |
| cultural biases and | justice and power in | contextual awareness & | demonstrates integration of |
| assesses relevant | session and attempts to | counteract societal | family therapy theory, |
| larger systems | respond to these in | inequities; increased | equity, and social location |
| issues. | systemic treatment | ability to integrate | issues. |
| | planning. | attention to larger | |
| | | systems issues with family | |
| | | therapy models. | |

6. Assessment and diagnosis (Consider physical/organic, social, psychological, and spiritual problems that can cause or exacerbate emotional/interpersonal symptoms; diagnose and assess client behavioral and relational health problems systemically and contextually; identify clients' strengths, resilience, and resources; evaluate level of risks; manage risks, crises, and emergencies; complete effective assessments and appropriately use the DSM V) SLO 1.3. 4.2, 4.3

| Internship 1. | Internship 2. | Internship 3. | Internship 4. |
|-------------------------|--------------------------|-----------------------------|--------------------------------|
| Completes case | Draws on observation | Regularly Integrates | Demonstrates integrated |
| assessments for each | and formal assessments | multiple levels of analysis | case conceptualization |
| case that take into | to formulate systemic | and theories in | across multiple levels of |
| account multiple | hypotheses that connect | conceptualizing and | analysis that guides in- |
| systemic levels; able | to goals, diagnoses, and | managing a case | session clinical decisions and |
| to assess level of risk | intervention, including | (biological, sociological, | case management |
| and seek help as | management of risks and | interpersonal, spiritual, | |
| needed. Routinely | crises and relevant DSM | etc.), including areas of | |
| identifies areas of | diagnoses. | resilience and relevant | |
| resilience. | | DSM diagnoses. | |

5. **Multiple Systems** (understand and work along-side other recovery-oriented behavioral health services; develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers. Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present; respect multiple perspectives) SLO 4.2

| Internship 1. | Internship 2. | Internship 3. | Internship 4. Works |
|----------------------|---------------------------|-----------------------------|--------------------------------|
| Aware of scope of | Practices within scope of | Recognizes own clinical | collaboratively with other all |
| practice of MFTs and | MFT, makes appropriate | contributions within an | other stakeholders as they |
| identifies other | referrals, and attends to | interdisciplinary system of | intersect in client care. |
| persons and | other stakeholders, | care; engages family | |
| professionals | whether or not present. | members and other | |
| significant to the | | significant persons. | |
| case. | | | |

8. **Research** (using knowledge of current MFT and other research and ability to critique qualitative and quantitative research to inform clinical practice; discern the implications of the sociopolitical context within which research is produced and applied; draw on the research literature relevant to family therapy in case planning, and seeks opportunities to participate in research and evaluate own practice. SLO 3.2 & 4.2

| Internship 1. Shows interest in determining relevance of research to own practice. | Internship 2. Seeks opportunities to read and/or participate in research and begins to apply to own practice. | Internship 3. Critically evaluates research related to the family therapy and integrates into case planning. | Internship 4. Critically uses research to improve and evaluate own practice. |
|---|---|---|---|
|---|---|---|---|

9. Self of the Therapist (monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct; monitor personal reactions to clients and treatment process; self-reflection on the implications of own and other's social location in clinical practice). SLO 2.1 & 4.2

| Internship 1. | Internship 2. | Internship 3. | Internship 4. |
|--|--|--|--|
| Open to feedback from other students, clients, and supervisors and uses it positively. | Is aware of how own values, ideas, and social position influence therapy and seeks consultation to increase self-awareness. | Is aware of implications of own and other's social location during therapy sessions | Draws on consciousness of social context and self- awareness to flexibly respond to complex clinical issues. |
| | sen awareness. | | |

10. Social Justice Advocacy (demonstrate awareness and sensitivity to issues of power and privilege as they relate to therapist and client intersecting identities and social roles; maintain humility; use privilege to promote social equity; dedication to social justice and global citizenship) SLO 2.2, 4.2, & 4.3

| Internship 1. | Internship 2. | Internship 3. | Internship 4. |
|--------------------|--|----------------------------|---------------------------------|
| Articulates and | Demonstrates cultural | Explores own use of | Uses privilege |
| applies systemic | humility and emphasizes | power and privilege as | collaboratively with client(s), |
| social justice | client strengths and choice in case | they relate to therapist | agencies, family members, |
| principles in case | conceptualization, | roles and development, | and other systems to |
| planning and | treatment planning, and | intersect with client | empower and promote |
| supervision. | obtaining needed | identities and roles, and | social equity and client |
| | services. | foster global citizenship. | interests. |

11. Legal/Ethical Practice (know and follow the AAMFT Code of Ethics, standards of practice, and State Laws and regulations for the practice of marriage/couple and family therapy; understand the legal requirements and limitations, as well as case management issues, for working with vulnerable populations; provide competent service according to the AAMFT code of ethics and core competencies; understand and use appropriate processes for making ethical decisions; seek guidance from supervisors). SLO 4.1 & 4.2

| Internship 1. | Internship 2. | Internship 3. | Internship 4. |
|-----------------------|-------------------------|------------------------------|------------------------------|
| Knows legal, ethical, | Can apply ethical, | Expands ethical awareness | Has developed a process for |
| and professional | legal, and professional | and professional | addressing ethical issues in |
| standards of practice | standards of practice | responsibility to include | case conceptualization/ |
| that apply to MFT. | appropriately in | gender, culture, SES, power, | management and |
| | therapy. | and privilege. | professional responsibility. |
| | | | |

12. Professionalism (recognize when clinical supervision or consultation is necessary; consult with supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work; utilize supervision effectively; integrate supervisor/team communications into

treatment; set appropriate boundaries, manage issues of triangulation, utilize time management skills, and develop collaborative working relationships; maintain complete, relevant case notes in a timely manner; complete all required paperwork, letters, contacts, etc. in a professional and timely manner; contact referral sources/other professionals involved in a timely manner and sharing relevant information; maintaining a professional image, professional boundaries, and positive relationships with colleagues). SLO 4.2

| Internship 1. | Internship 2. | Internship 3. | Internship 4. |
|-----------------------|-----------------------------|-----------------------------|----------------------------|
| Engages in | Demonstrates initiative in | Appropriately utilizes | Effectively engages with |
| professional manner | carrying out professional | consultation and | other stakeholders, |
| within clinical | responsibilities associated | communication with | family members, |
| setting; seeks and | with role as therapist; | supervisor, treatment team, | professionals, or |
| utilizes supervision. | identifies specific | and other stakeholders into | significant persons in the |
| | supervision needs; and | the treatment process; | treatment process and in |
| | maintains positive | supports the professional | the workplace. |
| | workplace relationships. | development of colleagues. | |