



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

## **MCFT 543 Interpersonal Violence Treatment in Marriage, Couple, and Family Therapy (1 unit)**

**SUMMER 2020**

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Instructor: **Joslyn Armstrong, Ph.D.**  
Time & Day: Section 1-Tuesday 9:00am-12:00pm  
Section 2- Thursday 1:00 pm-4:00pm  
Location: **Virtual Zoom meetings**  
Office Hours: by appointment via email

### **CATALOG DESCRIPTION**

This course addresses the widespread nature of interpersonal violence across individual, partner, familial, and societal levels. It provides family therapists with introductory knowledge and skills for the assessment and treatment of interpersonal violence and trauma in marriage, couples, and family therapy. The curriculum is informed primarily by feminist and critical multicultural theories and practices.

**A note about the nature of this course:** Given the sensitive and challenging nature of the material discussed in class, it is important that we develop an atmosphere of trust and openness in the classroom. The instructor will seek to foster an environment in which each class member is able to hear and respect each other, drawing on the guidelines for a relational approach to social justice. It is critical that each class member show respect for all worldviews expressed in class; however, experiencing discomfort is also part of the process of consciousness-raising. It is expected that some of the material in this course may evoke strong emotions, please be respectful of others' emotions and be mindful of your own. Please let the instructor know if something said or done in the classroom is particularly troubling. Some students find it helpful to journal their thoughts and feelings as they explore these sensitive issues.

**Prerequisites:** None

**Credits:** 1 semester unit (15 hours contact)

### **MCFT STUDENT LEARNING OUTCOMES**

**SLO 1.1** Students recognize the impact of power on individuals, families, and communities

**SLO 1.2** Students recognize the interconnections among biological, psychological, social systems in people's lived experience

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

**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.

### **COURSE OBJECTIVES**

As a result of this course students will:

1. Develop a working knowledge of assessing and treating interpersonal violence from a systemic perspective.
2. Recognize and apply legal and ethical mandates of the profession if applicable.
3. Demonstrate a working knowledge of risk management, including the ability to formulate adequate safety and intervention plans.

### **READINGS:**

#### **1<sup>st</sup> Class Session:**

Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence, & Abuse, 17*(5), 585-600.

Greene, K. & Bogo, M. (2002). The different faces of intimate violence: Implications for assessment and treatment. *Journal for Marital and Family Therapy, 28*(4), 455-466.

Myhill, A. & Hohl, K. (2016). The "Golden Thread": Coercive control and risk assessment for domestic violence. *Journal of Interpersonal Violence.*

Sandra Stith interview on couples and domestic violence.

<https://www.apa.org/pubs/books/interviews/4317268-stith>

Sorenson, S. B., & Taylor, C. A. (2005). Female aggression toward male intimate partners: an examination of social norms in a community-based sample. *Psychology of Women Quarterly, 29*, 78-96.

Western University (2014). *Intimate partner violence reported by Lesbian-, Gay-, and Bisexual-identified individuals.* <http://www.youtube.com/watch?v=N8TlbSut98k>

#### **2<sup>nd</sup> Class Session:**

Aldarondo, E., Kantor Kaufman, G., & Jasinski, J. L. (2002). A risk marker analysis of wife assault in Latino families. *Violence against Women, 8*, 429-454.

Aymer, S. R. (2016). "I can't breathe": A case study- helping Black men cope with race-related trauma stemming from police killing and brutality. *Journal of Human Behavior in the Social Environment, 26*(3-4), 367-376.

Baker, N. L., Buick, J. D., Kim, S. R., Moniz, S., & Nava, K. L. (2013). Lessons from examining same-sex intimate partner violence. *Sex Roles, 69*, 182-192.

Linville, D. K., Chronister, K., Marsiglio, M., & Brown, T. B. (2012). Treatment of partner violence in gay and lesbian relationships. In J. J. Bigner & J. L. Wetchler (Eds.), *Handbook of LGBT-affirmative couple and family therapy* (pp. 327-342).

Yerke, A. F., & DeFeo, J. (2016). Redefining intimate partner violence beyond the binary to include transgender people. *Journal of Family Violence, 31*, 975-979.

MCEDV (2014). *Inside Domestic Violence: Power and Control (full)*.

<https://www.youtube.com/watch?v=2WnZCLqL8TA>

### **3<sup>rd</sup> Class Session:**

Chang, J. C., Decker, M. R., Moracco, K. E., Martin, S. L., Petersen, R., & Frasier, P. Y.

(2005). Asking about intimate partner violence: Advice from female survivors to health care providers. *Patient Education and Counseling, 59*, 141-147.

Kelly, L. C., Spencer, C. M., Stith, S. M., & Beliard, C. (2020). "I'm black, I'm strong, and I need help": Toxic black femininity and intimate partner violence. *Journal of Family Theory & Review*. doi: 10.1111/jftr.12358

Schacht, R. L., Dimidjian, S., George, W. H., & Berns, S. B. (2009). Domestic violence assessment procedures among couple therapists. *Journal of Marital and Family Therapy, 35*(1), 47-59.

Stith, S. M., McCollum, E., Amanor-Boadu, Y., & Smith, D. (2012). Systemic perspectives on intimate partner violence treatment. *Journal of Marital and Family Therapy, 40*(38), 220-240. doi: 10.1111/j.1752-0606.2011.00245.x

Todahl, J. L., Linville, D., Chou, L. Y., & Maher-Cosenza, P. (2008). A qualitative study of intimate partner violence universal screening by family therapy interns: Implications for practice, research, training and supervision. *Journal of Marital and Family Therapy, 34*(10), 28-43.

### **4<sup>th</sup> Class Session:**

Cohen, J. A., & Mannarino, A. P. (2008). Trauma-focused cognitive behavioral therapy for children and parents. *Child and Adolescent Mental Health, 13*(4), 158-162.

- McLoed, A. L., Hays, D. G., & Chang, C. Y. (2010). Female intimate partner violence survivors' experiences with accessing resources. *Journal of Counseling and Development*, 88, 303-310.
- Milner, J. & Singleton, T. (2008). Domestic violence: Solution focused practice with men and women who are violent. *Journal of Family Therapy*, 30, 29-53.
- Rober, P., Van Eesbeek, D., & Elliott, R. (2006). Talking about violence: A microanalysis of narrative processes in a family therapy session. *Journal of Marital and Family Therapy*, 32(3), 313-328.
- Rosen, K. H. *et al.* (2003). Negotiated time-out: A de-escalation tool for couples. *Journal of Marital and Family Therapy*, 23(3), 291-298.
- Sharma, A. (2001). Healing the wounds of domestic abuse: Improving the effectiveness of feminist therapeutic interventions with immigrant and racially visible women who have been abused. *Violence Against Women*, 7(12), 1405-1428.

#### **5<sup>th</sup> Class Session:**

- Chavis, A. Z., & Hill, M. S. (2009). Integrating multiple intersecting identities: A multicultural conceptualization of the power and control wheel. *Women & Therapy*, 32, 121-149
- George, J., & Stith, S. M. (2014). An updated feminist view of intimate partner violence. *Journal of Family Process*, 53, 179-193.
- Jory, B., Anderson, D., & Greer, C. (1997). Intimate justice: Confronting issues of accountability, respect, and freedom in treatment of abuse and violence. *Journal of Marital and Family Therapy*, 23(4), 399-419.
- Oka, M., & Whiting, J. B. (2011). Contemporary MFT theories and intimate partner violence: A review of systemic treatments. *Journal of Couple & Relationship Therapy*, 10(1), 34-52.

#### **RECOMMENDED:**

- Domestic Abuse, Stalking and Honor Based Violence (DASH) Risk Identification Checklist (<http://www.dashriskchecklist.co.uk>)
- National Domestic Violence Hotline ([www.thehotline.org](http://www.thehotline.org)), 1-800-799-7233.
- Orgon Coalition against Domestic and Sexual Violence, (<https://www.ocadsv.org/>)

**Communication:** If you would like to schedule a face-to-face meeting, then please feel free to email me for an appointment. If you send an email to me, you can expect an answer in about 24 hours during the week. Generally, if you email me during the weekend, it is best to assume that I

will not respond until Monday morning.

## OVERVIEW AND EXPECTATIONS

### My Commitment to You:

I am committed to assisting you by creating a safe, respectful and professional learning environment to be able to learn critical course material over the semester. I encourage you to discuss the course content with me any time during the semester. **My office is open to you by appointments only.** I also encourage you to offer your feedback throughout the course. I highly value your input.

### Responsibilities of the Student:

This course will require due diligence on the student's behalf. Student must read assigned chapters and review all supplemental material provided on Moodle, or via email. You will be held responsible for knowing any changes made to the class schedule, weekly reading materials, discussion boards, or class assignments that will be in the announcements on Moodle or via email. In order to earn a satisfactory score in this course, the student must complete all assignments and readings, and remain engaged in the in-class format. Remember you are the sole owner of your academic experience; you must take responsibility for everything you do or not do in this course.

Course Objective	MCFT Student Learning Outcomes	AAMFT Core Competencies & AMFTRB task statements	Evaluated by
1. Develop a working knowledge of assessing and treating interpersonal violence from a systemic perspective.	SLO 1.1 SLO 1.2 SLO 1.3 SLO 2.2 SLO 3.2	CC 1.1.1 CC 2.3.1 CC 2.3.6 CC 4.5.3	Family life cycle paper  Film analysis paper  Discussion Boards
2. Recognize and apply legal and ethical mandates of the profession if applicable.	SLO 1.3 SLO 2.2 SLO 4.1	CC 5.1.1 CC 5.1.2 CC 5.1.4 CC 5.2.1	Film analysis paper
3. Demonstrate a working knowledge of risk management, including the ability to formulate adequate safety and intervention plans.	SLO 1.1 SLO 1.2 SLO 1.3 SLO 2.2 SLO 3.2 SLO 4.1	CC 1.2.1 CC 3.1.1 CC 5.1.2 CC 5.2.1 CC 5.4.1 CC 5.4.2	Film analysis paper  Discussion Boards

## COURSE ASSIGNMENTS AND EVALUATION

This class will emphasize learning by doing. Students will actively engage in reading family therapy-related research, reflect on the process of violence and the context in which findings violence manifests, and consider implications for clinical practice. Your course grade will be based the following assessments.

## **CLASS PARTICIPATION (20 points)**

Because class participation and discussion are essential for your learning, regular online attendance is expected for this course. Students are expected to attend class weekly via zoom meetings and be on time. Participation is counted as involvement in class and in class assignments. Therefore, it is imperative that you attend online class unless otherwise informed by Dr. Armstrong. Distracting behavior in class is unacceptable and will not be tolerated. Other unacceptable behaviors include arriving late or leaving early, except in cases when there is a valid reason for doing so, also being on your phone or being distracted via zoom.

All assigned readings must be completed in advance of the class in which they are to be discussed. Every student is responsible for coming to class prepared to participate in a meaningful discussion. Online classroom group discussions are opportunities to bring up questions about the assigned readings, further your understanding of the concepts in lectures, integrate course material into your understanding of IPV, and integrate material into your clinical practice. Thus, students are expected to read all required readings and supplemental readings and actively participate in class discussions and small group activities.

### **1. Q&A DISCUSSION BOARD**

Students will be required to read all assigned reading for each class session. Prior to the beginning of each Zoom meeting, students are expected to submit 1 question from the readings that confused them, or something they wanted clarity on. Each student is required to submit a question on the Q&A discussion board as a part of their participation points prior to each Zoom meeting. Answers to those questions will be discussed during the Zoom meetings each session.

### **2. BREAKOUT SMALL GROUP DISCUSSION BOARD**

For each Zoom meeting during class sessions, students will be assigned into small groups through the breakout room feature in Zoom. Students will be discussing the readings and relevant information associated with IPV. Additionally, students will be given a case conceptualization during the breakout groups and will be assigned to create a treatment plan for each case, to share with the broader class but also to submit on Moodle for the broader class to continue to process. Assignments through the breakout small groups are due on Moodle, 12-point font, Times New Roman, a maximum of 1-3 pages. These posts are due by 11:30pm every week after virtual class.

### **3. LIGHTENING QUESTION DISCUSSION BOARD**

For each weekly lecture(s), Dr. Armstrong has provided “lightening” questions for students to further dissect and process about the weekly lecture material and readings. Dr. Armstrong has created a “Lightening Q&A” discussion board where students will provide their answers to those lightening questions from each weekly lecture(s). Students are required to provide their answer(s) to at minimum 1 lightening question from each weekly lecture(s). Students will upload those answers onto the destined discussion board. Those responses must be a minimum of 30 words in length or more. Students will need to post their responses by 5pm on each weekly Friday.

### **4. SPONTANEOUS DISCUSSION BOARD**

After each Zoom meeting, based on the discussion within the Zoom meeting, Dr. Armstrong will create a “spontaneous” discussion board for Dr. Armstrong and students to continue to discuss topics or issues brought up in virtual class but were unable to fully dissect, process, and deconstruct due to time constraints. Students are not required to always post or comment within these “spontaneous” threads, but these discussion boards can be other avenues for deeper dialogue and further discussion on relevant issues or points of view addressed in the virtual classroom.

**5. FAMILY LIFE CYCLE (MCFT 519) PAPER SECTION (30 points)**

Students completed a film analysis assignment for the *Nebraska* movie in MCFT 519 about violence and family dynamics specific to the older adult population. The section of that assignment will be graded for this class on their conceptualization, their critical awareness of relevant sociocultural factors and vulnerabilities, and clinical application for older adults. The paper will be a maximum of 5 pages (not including title page & reference list), with at least 1 peer-reviewed journal article, and APA 7<sup>th</sup> edition format and references. The final paper should be double spaced, 12 pt font, a Word document, and Times New Roman. Any suspicions of violations to the Academic Integrity policy will be reported (please review the policy below). A rubric for the assignment is attached below.

**6. FILM ANALYSIS PAPER (50 points)**

Students are expected to watch the movie *Antwone Fisher* (2002) as a clinical case example of IPV. Students will discuss their case conceptualization of Antwone in the movie, the individual, couple, familial, and systemic violence present. The paper will address relational and systemic violence, its association to relationships, the implications of violence on clinical practice, and students will apply their conceptualization using a systemic and theoretical framework to guide clinical processing. The paper will be a minimum of 5 pages and a maximum of 8 pages (not including title page & reference list), with at least 2 peer-reviewed journal articles, and APA 7<sup>th</sup> edition format and references. The final paper should be double spaced, 12 pt font, a Word document, and Times New Roman. Any suspicions of violations to the Academic Integrity policy will be reported (please review the policy below). A rubric and guidelines for the assignment are attached below. Late papers will receive a 10%-point deduction for every day it is late. Paper will be submitted through Moodle.

**EVALUATION AND GRADING**

Class Participation	20
MCFT 519 Assignment	30
Film Analysis Paper	50
<b>Total</b>	<b>100</b>

**Final Grading**

A = 93-100%	A- = 90-92%
B + = 88-89%	B = 83-87%
B- = 80-82%	C+ = 78-79%

C = 73-77%

C- = 70-72%

According to Graduate School policy, grades lower than B- may not apply to graduation. Students earning a C+ or lower will need to repeat the course.

### **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.

### **ACADEMIC INTEGRITY POLICY**

Standards for professional conduct and academic integrity are rooted in the fundamental values of honesty, tolerance, respect, fairness, and the collective pursuit of knowledge. Academic dishonesty or cheating involves the use of any method or technique enabling a student to misrepresent the quality or source of their academic study, scholarship, or field practice. Students in the Graduate School of Education and Counseling are also required to meet the standards of professional conduct appropriate to their field of study. To view the policy, follow this link: <https://docs.lclark.edu/graduate/policyprocedures/academic/>

### **DISABILITY SERVICES STATEMENT**

*If you have a disability that may impact your academic performance, you may request accommodations by submitting documentation to the Student Support Services Office in the Albany Quadrangle (503-768-7192). After you have submitted documentation and filled out paperwork there for the current semester requesting accommodations, staff in that office will notify me of the accommodations for which you are eligible.*

### **DISCLOSURE OF PERSONAL INFORMATION**

Each student should decide for themselves 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/remain off, and text messaging is not allowed during class time. If there is an emergency that requires your immediate attention, please inform me of your absence.

### **SYLLABUS CHANGE POLICY**

Except for changes that substantially affect implementation of the evaluation (grading), this syllabus is a guide for the course and is subject to change with advance notice throughout the semester.

## COURSE STRUCTURE AND SCHEDULE

**\*Any changes to the reading schedule will be announced at least 24 hours prior\***

### Section 1:

<b><u>Session</u></b>	<b><u>Day</u></b>	<b><u>Date</u></b>	<b><u>Lecture Review</u></b>	<b><u>Readings</u></b>
1	Tu	May 12th	Introductions & Syllabus Review <b>Lecture: IPV</b>	
2	Tu	May 19th	<b>Lecture: Systemic Violence</b>	
3	Tu	May 26th	<b>Lecture: IPV Assessment &amp; Safety Planning</b>	
4	Tu	June 2nd	<b>Lecture: Treatment &amp; Clinical Interventions of IPV</b>	
5	Tu	June 9th	<b>Lecture: Self-of-Therapist &amp; IPV</b> <b>Assignment: MCFT 519 assignment due at 11:30pm</b>	
6	Tu	June 23rd	<b>Assignment: Film Analysis paper due at 11:30pm</b> on Moodle	

### Section 2:

<b><u>Session</u></b>	<b><u>Day</u></b>	<b><u>Date</u></b>	<b><u>Lecture Review</u></b>	<b><u>Readings</u></b>
1	Th	May 14th	Introductions & Syllabus Review <b>Lecture: IPV</b>	
2	Th	May 21st	<b>Lecture: Systemic Violence</b>	
3	Th	May 28th	<b>Lecture: IPV Assessment &amp; Safety Planning</b>	
4	Th	June 4th	<b>Lecture: Treatment &amp; Clinical Interventions of IPV</b>	
5	Th	June 11th	<b>Lecture: Self-of-Therapist &amp; IPV</b> <b>Assignment: MCFT 519 assignment due at 11:30pm</b>	

6	Th	June 25th	<b>Assignment: Film Analysis paper</b> due at 11:30pm on Moodle	
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### **Guiding questions to prepare for MCFT 543 class discussion**

As you do the assigned readings, reflect on the following questions and make notes on your responses. Be prepared to share your perspectives in class.

1. From what perspectives (personal, academic, and clinical locations) are the authors writing?

How does this shape their work and contributions to equity in family therapy?

2. What ideas/concepts in this reading

- a. Resonate with my previous knowledge and experience?
- b. Stimulate new thoughts or questions for me?

3. How is my response to this reading informed by my personal experience within my intersecting social locations?

4. What specific practice implications are relevant to me given my social location, privilege/marginalization, and process of professional development?

### Family Life Cycle Paper Grading Rubric

	Possible points	Points demonstrated
<b><u>Case Conceptualization:</u></b>		
Recognize individual, couple, familial, contextual and systemic violence (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, etc.) that are relevant to older adult.	10	
Consider the impact of the various sociocultural factors mentioned above on the propensity for violence and vulnerabilities for older adults.	5	
Discuss the challenges caretakers and families experience caring for older adults.	5	
<b><u>Clinical Application:</u></b>		
Discuss clinical issues for older adults pertaining to the life cycle	4	
Discuss clinical issues for older adults pertaining to potential violence/abuse	4	
Paper is clearly written and organized, well-referenced, and conforms to APA style (7 <sup>th</sup> ).	2	
<b>TOTAL</b>	<b>30</b>	

### **Film Analysis Paper Sections Guidelines**

- **Case Conceptualization:** clearly and concisely state your interpretations of Antwone as your client. Discuss the different levels of violence present in his situation and include a systemic perspective in your conceptualization as well. Discuss any resiliencies present as well.
- **Self-of-therapist:** discuss your own reflections and thoughts on what self-work you will need to be aware of given his own identities and positioning in society as your client.
- **Treatment plan:** Discuss how you would treat this client, what interventions you would use, and how sensitive those interventions are given your client's identities. You may use literature to justify the use of interventions. You must discuss at least 2 interventions.
- **APA formatting:** the paper must be double-spaced, 5-8 pages, Times New Roman, title page & reference list, APA 7<sup>th</sup> edition references, and citations.

### Film Analysis Paper Grading Rubric

	Possible points	Points demonstrated
<b><u>Case Conceptualization:</u></b>		
Recognize individual, couple, familial, contextual and systemic violence (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, etc.) that are relevant to client experience.	10	
Consider the impact of larger societal systems (e.g., legal system, social services, schools, medical systems, etc.) on clients' health and well-being and propensity for violence	5	
Discuss resilience/strength of client experience	5	
<b><u>Self-of-therapist:</u></b>		
Self-of-therapist work discussing own history and social location and its impact on personal relationships on clinical practice with client.	5	
<b><u>Treatment Plan:</u></b>		
Develop awareness necessary to 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).	5	
Develop a treatment plan of 2 interventions relevant to client symptomology and history of violence	10	
Draw on the relevant literature and research in case conceptualization and/or treatment plan	5	
Paper is clearly written and organized, meets page requirements, well-referenced, and conforms to APA style (7 <sup>th</sup> ).	5	
<b>TOTAL</b>	<b>50</b>	

**Rubric for Film Analysis Paper—Total possible points: 50 points**

<b>Paper Sections</b>	<b>Marginal</b>	<b>Emerging</b>	<b>Proficient</b>	<b>Accomplished</b>
<b>Recognize individual, couple, familial, contextual and systemic violence (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, etc.) that are relevant to client experience.</b>	Minimally aware of how sociocontextual processes impact interpersonal relationships: identifies variables but makes no connection with what these mean in people’s lives.	Somewhat aware how sociocontextual processes impact interpersonal relationships: names relevant factors with limited illustration of their felt experience in people’s lives.	Generally aware of how sociocontextual processes impact interpersonal relationships: identifies relevant factors and describes a sense of their felt experience in people’s lives.	Consistently aware of how sociocontextual processes impact interpersonal relationships: identifies relevant factors and illustrates how people experience these in their lives.
<b>Consider the impact of larger societal systems (e.g., legal system, social services, schools, medical systems, etc.) on clients’ health and well-being and propensity for violence</b>	Minimally aware of the ways larger systems (medical, legal, etc) impact clients’ lives. Identifies systems without articulating their connection and impact on health and well-being.	Somewhat aware of the ways larger systems (medical, legal, etc) impact clients’ lives. Identifies a limited sense of their connection and impact on health and well-being.	Generally aware of the ways larger systems (medical, legal etc) impact clients’ lives. Identifies their connection to clients’ personal/relational health and well-being.	Consistently aware of the ways larger systems (medical, legal etc) impact clients’ lives. Identifies their connection to clients’ personal /relational health and well-being.
<b>Develop awareness necessary to 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).</b>	Limited recognition of how therapist interventions can be sensitive to client’s unique socio-contextual experiences and thus likely to inadvertently reinforce societal inequities.	Emerging understanding of own and others' sociocultural contexts and their salience to the clinical experience. Describes some openness to engaging across differences and learning experiences to build knowledge, skills, intercultural engagement	Emerging understanding of own and others' sociocultural contexts and their salience to the clinical experience. Describes some openness to engaging across differences and learning experiences to build knowledge, skills, intercultural engagement	Reflective practice, responds effectively; Not only comfortable but excited about growth and looks forward to working addressing issues of privilege and oppression, effective in role play practice
<b>Draw on the relevant literature and research in</b>	Minimal identification of literature relevant to client	Identification of literature relevant to client experiences and used to inform conceptualization	Identification, integration and articulation of literature relevant to client experiences and used to	Identification, integration and articulation of literature relevant to client experiences and used to

<b>case conceptualization and/or treatment plan</b>	experiences and used to inform conceptualization	but minimally or unclearly connected or used	inform conceptualization. Emerging knowledge of integration of relevant research	inform conceptualization that is consistent
<b>Self-of-therapist work discussing own history and social location and its impact on personal relationships on clinical practice with client.</b>	Minimal curiosity and willingness to examine own personal history and biases, social location and accountability; recognition of how issues of power play out in interpersonal relationships; humility.	Some curiosity and willingness to examine own personal history and biases, social location and accountability; recognition of how issues of power play out in interpersonal relationships; humility.	Generally curious and willing to examine own personal history and biases, social location and accountability; emerging recognition of how issues of power play out in interpersonal relationships; humility	Consistently curious and willing to examine own personal history and biases, social location and accountability; Demonstrated recognition of how issues of power play out in interpersonal relationships; humility.
<b>Develop a treatment plan of 2 interventions relevant to client symptomology and history of violence</b>	Minimal use of interventions and did not mention 2 different interventions for client	Limited understanding of the depth of the intervention and its use for the client, may not adequately fit for client	Emerging understanding of the depth of the intervention and its use for the client, somewhat fit for client situation and client practice	Exceptional understanding of the depth of the intervention and its use for the client, great fit for client situation and client practice
<b>Discuss resilience/strength of client experience</b>	No recognition of possible resiliencies of the client	Limited understanding of the resilience of client	Emerging understanding of the resilience of client	Exceptional understanding and discussion of resilience of client
<b>Paper is clearly written and organized, well-referenced, and conforms to APA style (7<sup>th</sup>).</b>	Style of writing is hard to follow and poorly organized without focused introduction and conclusion. References are limited and there are significant errors in APA style.	Writing is sometimes hard to follow with some organization problems. References are limited and there are some errors in APA style.	Writing is generally clear and easy to follow. Paper is organized and most points are well articulated. Paper is appropriately referenced with very minimal APA errors.	Writing is exceptionally clear and easy to follows. Major points are well articulated and organization provides an excellent overview of the issues and conclusions. Paper is appropriately referenced with no APA errors.

## **Treatment Planning for Case Conceptualization**

**Conceptualization of Presenting Problem & Systems:** How do you see the problem? What is influencing the problem? What are the relational dynamics within this couple/family system?

**Theoretical framework:** List the theoretical framework(s) that you would use to treat this client

**DSM Diagnosis (optional):** What is a possible DSM 5 diagnosis that you can assign to this client

**Treatment plan:** List at least 2 interventions that you would use to help treat this client.