



LEWIS & CLARK COLLEGE

GRADUATE SCHOOL OF EDUCATION AND COUNSELING

CPSY 561: MARITAL & FAMILY ASSESSMENT SPRING 2012

Mondays 01:00p.m- 04:30 PM
Location: South Campus Conference Center, Room 101

Instructor: Sebastian Perumbilly, Ph.D., LMFT
E-mail: perumbil@lclark.edu
Office: Rogers Hall- Office 424
Office Hours: 4:30-8:30 PM, Tuesdays, or by special appointment

CATALOG DESCRIPTION

Examination of the theoretical assumptions, values, and cultural frameworks underlying individual, couple, and family assessment approaches. Specific assessment techniques and tools are discussed, evaluated, and practiced. Preventative interventions such as premarital counseling and parent education are also explored and critiqued from a critical multicultural perspective.

COURSE DESCRIPTION

Issues in research and the clinical assessment of couples and families. Examination of the assumptions and values underlying assessment approaches. Specific assessment techniques are discussed, evaluated, and practiced. Special attention is given to approaches in multicultural assessment. Exploration of ethical, legal and practical issues. Attention is given to theoretical underpinnings of measures as well as their psychometric properties.

LEARNING OBJECTIVES

At the completion of this course, an engaged course participant will:

1. Learn to diagnose and assess client behavioral and relational health problems *systemically* and contextually;
2. Consider issues and debates relative to systemic assessment and individual diagnosis;
3. Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups;
4. Comprehend individual, couple, and family assessment methods and processes appropriate to presenting problem, practice setting, and cultural context;
5. Learn to use (i.e., consider when to apply) assessment instrument, administer and interpret results, and to discuss results with clients;
6. Learn to assess and manage high risk, crisis, and trauma situations (e.g., suicide prevention, domestic violence safety, disclosure of sexual abuse);

7. Learn to routinely consider health status, mental status, other therapy, and other systems involved in clients' lives (e.g., courts, social services), and to elicit relevant and accurate biopsychosocial history to understand the context of clients' problems;
8. Learn to systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide assessment, treatment-planning, and therapy-process;
9. Gain knowledge and skills relative to high risk situations, including evaluating level of risk; managing crises and emergencies; and defusing intense/chaotic situations to enhance the ability to effectively engage in therapy and ensure the safety of all participants;
10. Demonstrate the ability to identify clients' strengths, resilience, and resources;
11. Understand how and when to share research, and provide psychoeducation to couples and families;
12. Understand philosophy of prevention, debates, and major trends in family prevention, and how prevention plays a part in practice with families.

ADDITIONAL READINGS:

Weekly readings will be posted online (MOODLE). These weekly readings are to be completed for the day indicated. The participants are expected to be prepared to discuss the ideas and concepts discussed in the readings, and responsible for all of the assigned readings, whether or not they are discussed in class. Please note that there are more readings assigned for some topics than for others.

FINAL GRADING

A = 93-100

B = 83-87

C = 73-77

A- = 90-92

B- = 80-82

C- = 70-72

B+ = 88-89

C+ = 78-79

PARTICIPATION IN THE LEARNING COMMUNITY

Students are required to attend and actively participate in all scheduled class meetings. This includes being on time, being prepared, following through on group projects, and otherwise engaging with colleagues as fellow professionals. Becoming a counselor/therapist involves looking closely at ourselves, our values, beliefs, and biases. This can be a very personal, and sometimes emotional, process. Treating colleagues with respect, listening deeply to their experiences, and being open to diverse world views encourages a collaborative milieu of care in which we can all challenge ourselves and each other to critically examine and develop our skills and perspectives. In order to prepare for each class, students should carefully read and study all assigned materials to be ready to discuss, debate, and apply the content of readings. Class discussion and interaction with colleagues are fundamental to the process of learning to be a therapist and all sessions include necessary information. Therefore, if you must miss a class, fellow students and the instructor may ask you to contribute to learning community in another way. If you must be absent or late, please email the instructor at least several hours prior to class.

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 may be seen as an absence that requires make-up work.

If you miss a class, you will be asked to make a class presentation. This involves the following:

- ❑ Complete all the required readings assigned for the class that you missed, and choose two extra readings related to the topic from peer reviewed journals.
- ❑ You will make an oral presentation to the entire class for 10 minutes about your findings from the readings. During the presentation, you will make references to all the readings (both the assigned and the ones you chose to read further about).
- ❑ At the end of your presentation, you will answer any questions that the class may have. Finally, before the class disperses that evening, you will turn in a two-page paper to the instructor. This paper will succinctly and clearly state what your findings are in light of your readings and personal reflection. Failure to turn in your paper the same day of your presentation will negatively affect your course grade.

SPECIAL ASSISTANCE

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.

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.

CONFIDENTIALITY

Because of the nature of classroom work and group dynamics it is expected that "personal" information shared by students will be kept in confidence. Students are not required to share personal information as part of the classroom dynamics, or as a requirement for any evaluation or for grading purposes. Students are asked to be intentional about what they choose to share with other students in the class during classroom-activities.

LAPTOPS AND CELL PHONES

Due to the experiential nature of the class laptops may be used only when designated by the instructor. 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. Laptops and cell phones may of course be used on breaks. Please come prepared to take hand-written notes. If an alternate learning ability requires the use of a laptop please let the instructor know at the beginning of the semester.

COURSE REQUIREMENTS

Your successful course participation and completion will be evaluated based on the following THREE modes of assessment:

1. Completion of all required readings and active participation in class discussions (10 points).

All assigned readings should be completed in advance of the class in which they are to be discussed. That is, every student is responsible for coming to class prepared to participate in a meaningful discussion. In addition to the two texts that are required for this course, there are additional readings that also are required.

Classroom discussions are opportunities to bring up questions about the assigned reading, further one's understanding of the concepts under study, and integrate course material into one's clinical practice.

2. Writing a brief paper on developing an assessment tool for a specific population of your choice (40 points).

You can focus on any population of your choice. In this paper, you are not developing an assessment instrument, rather *addressing some key components that need to be considered when developing an instrument* (pertaining to the population that you have chosen). You will also *provide a compelling rationale*. **Due: April 23, 2012**

3. Final Team Project (50 points).

This will be the culminating exercise for this course. Students will work in teams of two to:

- a. Develop a story line of your choice (to provide a context for a clinical assessment and treatment planning). You can also choose movies, plays or fictional stories for this purpose.
- b. Develop an assessment package consisting of at least two clinical instruments.
- c. Present a clear theoretical or conceptual rationale that served the basis for your instrument selections. In other words, specify why you chose those specific instruments for assessment purpose.
- d. Conduct a simulated interview to collect all relevant information about the presenting problem, the family's history, referral source, past treatments, and any other relevant information.
- e. Administer the package of assessment instruments to (simulated) family members. Then compute the raw scores for each instrument (if relevant).
- f. Compile all available information into a comprehensive assessment of the family. This will include DSM-IV TR diagnosis of the identified patient (and other family members if relevant), and assessment of relational system's (family or couple) level of functioning.

- g. Develop a tentative systemically-focused treatment plan based upon the assessment results.
- h. Present the results of your project to the class on the assigned date (Either or April 2nd or April 9th). The presentation should include (i) the rationale for selecting the chosen instruments, (ii) a presentation of the results of the family assessment (including family history, genogram, history of the presenting problem, the raw data of the clinical instruments, and your interpretation of the data), (iii) a formulation of the case (including relevant DSM-IV TR, individual diagnoses, relational diagnoses, and key family system dynamics), (iv) the treatment plan derived from the assessment.
- i. Videotape a simulated session in which (i) the results of the assessment are presented to the family and (ii) the final treatment plan is negotiated with the family (for a maximum length of ten minutes of video time).

Each team will have approximately 30 minutes for their presentation.

NOTE: Please manage your allotted time efficiently. Maximum score for this group presentation will be **25 points**.

A final group report (as per *point 3-h* above) with the video presentation (as per *3-i* above) of the complete assessment and treatment plan must be submitted by 1:00 PM in class on **April 23, 2012**. This paper should be professionally written, double spaced, using 12 pt -font, organized into sections with appropriate headings, and referenced according to the APA 6 guidelines. Maximum score for this group paper will be **25 points**.

This paper will be graded for thorough consideration of all areas of the paper, clarity and organization of ideas, use of relevant literature, critical thinking, and writing and referencing according to the APA 6. Complete guidelines for this project will be provided later in the course.

NOTE: It is advised that course participants start preparation for the course projects/assignments early to obtain the instruments they plan to use due to the time lag in finding some instruments.

TEXTS

Minuchin, S., Nichols, M.P., & Lee, W. (2007). *Assessing families and couples: from symptom to system*. Boston: Pearson.

Sperry, L. (Ed.). (2012). *Family assessment: contemporary and cutting- edge strategies*. New York, NY: Routledge.

READINGS

| | |
|-------------------------|--|
| Week-1 January 23 | Course overview, expectations, assignments and exams <i>Focus of assessment: individual, couple, family and multisystemic contexts</i> |
| Week-2 Jan. 30 | Assessment: traditions, practices and challenges Qualitative assessment <i>Sperry, Chapter 2</i> <i>Minuchin, Nichols & Lee, Chapter 1</i> Rigazio-DiGilio, S.A. (2000). Relational diagnosis: a co constructive-developmental perspective on assessment and treatment. <i>Psychotherapy in Practice, 56</i> , 1017-1036 |
| Week-3 Feb.6 | Standardized assessment <i>Sperry, Chapter 3</i> |
| Week-4 Feb.13 | Observational and ongoing assessment <i>Sperry, Chapters 4 & 5</i> Beavers, W. R., & Hampson, R. B. (2003). Measuring family competence: the Beavers Systems Model. In F. Walsh, <i>Normal family process: growing diversity and complexity</i> (pp. 549-580). New York, NY: The Guildford Press. Epstein, N. B., Ryan, C. E., Bishop, D. S., Miller, I. W., & Keitner, G. I. (2003). The McMaster Model: A view of healthy family functioning. In F. Walsh, <i>Normal family process: growing diversity and complexity</i> (pp. 581-607). New York, NY: The Guildford Press. Olson, D. H.; & Gorall, D. M. (2003). Circumplex model of marital and family systems. In F. Walsh, <i>Normal family process: growing diversity and complexity</i> (pp. 514-548). New York, NY: The Guildford Press. |
| Week-5 Feb. 20 | Family and couple assessment <i>Sperry, Chapters 1, 6 & 11</i> <i>Minuchin, Nichols & Lee, Chapters 6 , 7, 8 & 9</i> |
| Week-6 Feb. 27 | Parent-child assessment <i>Sperry, Chapter 8</i> <i>Minuchin, Nichols & Lee, Chapters 2 &3</i> |
| Week-7 March 5 | Child and adolescent assessment <i>Sperry, Chapter 7</i> |
| Week-8 March 12 | Assessing child custody, divorce, stepfamilies and social services <i>Sperry, Chapter 9</i> <i>Minuchin, Nichols & Lee, Chapters 4, 5, 10 & 11</i> |
| Week-9 March 19 | Assessing high risk situations and developing safety contracts <i>Potential harm to self or others</i> |

| | |
|---------------------|--|
| | <p><i>Domestic violence assessment</i> <i>Child abuse assessment</i> <i>Exploration of Ethical, Legal and Professional Issues in Assessment</i> Sperry, Chapter 10 Haddock, S.A. (2002). Training family therapists to assess for and intervene in partner abuse: a curriculum for graduate courses, professional workshops, and self-study. <i>Journal of Marital and Family Therapy</i>, 28, 193-202. Sanchez, H.G. (2001). Risk factor model for suicide assessment and intervention. <i>Professional Psychology: Research and Practice</i>, 32, 351-358.</p> |
| March 26 | SPRING BREAK -- NO CLASS |
| Week -10 April 2 | CLASS PRESENTATIONS: Clinical Assessment & Treatment Plan Sylvia & Irina; Hali & Lindsay; Darren & Mitch; Megan P. & Becca |
| Week-11 April 9 | CLASS PRESENTATIONS: Clinical Assessment & Treatment Plan Allegra & Pierce; Joyann & Brea; Erika & Paula; Megan Z. & Dana |
| Week-12 April-16 | <p>Designing Prevention Programs – Part I Philosophy, challenges, debates, and practice</p> <p>Hage, S.M., Romano, J.L., Conyne, R.K., Kenny, M., Matthews, C., Schwartz, J., & Waldo, M. (2007). Best practice guidelines on prevention practice, research, training and social advocacy for psychologists. <i>The Counseling Psychologist</i>, 35, 493-566 Murray, C.E. (2005). Prevention work: a professional responsibility for marriage and family counselors. <i>Family Journal: Counseling and Therapy for Couples and Families</i>, 13, 27-34.</p> |
| Week-13 April 23 | <p>Designing Prevention Programs – Part II Illustration: <i>Child-focused family reorganization: a prevention based post-divorce co-parenting psychoeducational program</i></p> <p>Discussion and course participant sharing: consideration of key components for developing a new clinical assessment instrument</p> <p>FINAL PAPERS (2) DUE</p> <p>Course review Course evaluation</p> |

COURSE OBJECTIVES-MCFT CORE COMPETENCIES EVALUATION SHEET

Upon Completion of **CPSY 561**, please rate each item according to how much you learned about the competency through your work in this class.

TERM: SPRING 2012

INSTRUCTOR: Sebastian Perumbilly

Learn to diagnose and assess client behavioral and relational health problems *systemically* and contextually.

1 2 3 4

Consider issues and debates relative to systemic assessment and individual diagnosis.

1 2 3 4

Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.

1 2 3 4

Comprehend individual, couple, and family assessment methods and processes appropriate to presenting problem, practice setting, and cultural context.

1 2 3 4

Learn to use (i.e., consider when to apply) assessment instrument, administer and interpret results, and to discuss results with clients.

1 2 3 4

Learn to assess and manage high risk, crisis, and trauma situations (e.g., suicide prevention, domestic violence safety, disclosure of sexual abuse, disaster response, and substance abuse intervention).

1 2 3 4

Learn to routinely consider health status, mental status, other therapy, and other systems involved in clients' lives (e.g., courts, social services), and to elicit relevant and accurate biopsychosocial history to understand the context of clients' problems.

1 2 3 4

Learn to systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide assessment, treatment-planning, and therapy-process.

1 2 3 4

Gain knowledge and skills relative to high risk situations, including evaluating level of risk; managing crises and emergencies; and defusing intense/chaotic situations to enhance the ability to effectively engage in therapy and ensure the safety of all participants.

1 2 3 4

Demonstrate the ability to identify clients' strengths, resilience, and resources.

1 2 3 4

Understand how and when to share research and provide psychoeducation to couples and families.

1 2 3 4

Understand philosophy of prevention, and major trends and debates in family prevention (e.g., co-parenting after separation/ divorce), and how prevention plays a part in practice with families.

1 2 3 4