



**LEWIS & CLARK GRADUATE SCHOOL  
OF EDUCATION AND COUNSELING**

**MCFT 541 Assessment and Prevention in Family Therapy  
SPRING 2015**

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<b>Time &amp; Day:</b>	Thursdays 9:00-12:15 (section 1) Thursdays 1:00- 4:15 (section 2)
<b>Place:</b>	York Graduate Center, room 101
<b>Instructor:</b>	Carmen Knudson-Martin, PhD
<b>Office Hours:</b>	Tuesdays 1:00-3:00; Thursdays 4:30-6:30 and by arrangement (please schedule appointments in advance)
<b>E-Mail:</b>	<a href="mailto:carmen@lclark.edu">carmen@lclark.edu</a>
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**STUDENT LEARNING OUTCOMES**

This course promotes the following student learning outcomes:

SLO1: Students will demonstrate integrity, compassion and commitment to working with diverse groups.

SLO 2: Students will demonstrate excellent therapeutic skills with individuals, couples, and families.

SLO 3: Students will demonstrate dedication to social justice and global citizenship.

**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.

**Prerequisite:** CPSY 504

**Credit:** 3 semester hour

**COURSE OBJECTIVES**

The following objectives are in keeping with the AAMFT Core Competencies. At the end of this course, students are expected to:

1. Understand the current models for assessment of relational functioning. (CC 2.1.6, 2.3.1)
2. Comprehend individual, couple, and family assessment instruments appropriate to presenting problem, practice setting, and theoretical approach. (CC 2.1.4; TS 2.14)
3. Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups (CC 2.1.6)
4. Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context). (CC 1.21; TS 2.19)

5. Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems. (CC 2.2.3; TS 2.01)
6. Apply effective and systemic interviewing techniques and strategies. (CC 2.3.3; TS 1.02)
7. Administer and interpret results of assessment instruments (CC 2.3.4; TS 2.14)
8. Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others. (CC 2.3.5, 3.3.6, 3.4.3, 5.3.4; TS 2.15, 3.04)
9. Assess bio-psycho-social-economic history and using a genogram and other assessment instruments to identify clients' strengths, resilience, and resources. (CC 2.3.6, 2.3.7; TS 2.18, 2.19)
10. Elucidate presenting problem from the perspective of each member of the therapeutic system. (CC 2.3.9; TS 2.04)
11. Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes. (TS 3.05)
12. Evaluate assessment methods for relevance to clients' needs and therapist-client agreement of therapeutic goals and diagnosis. (CC 2.4.1, 2.4.4; TS 3.05)
13. Systemically integrate client reports, observations of client behavior, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with clients to guide the assessment process. (CC 2.2.2; TS 2.04)

### **TEXT/READINGS**

Sperry, L. (2012). *Family assessment: Contemporary and cutting-edge strategies, 2<sup>nd</sup> Ed.* New York, NY: Routledge.

Tomm, K., St. George, S., Wulff, D., & Strong, T. (2014). *Patterns in interpersonal interactions: Inviting relational understanding for therapeutic change.* New York, NY: Routledge.

Williams, L., Edwards, T., Patterson, J., & Chamow, L. (2014). *Essential assessment skills for couple and family therapists.* New York, NY: Guilford Press.

### **Required Articles**

Garcia, M., & McDowell, T., (2010). Mapping social capital: A critical contextual approach for working with low-status families. *Journal of Marital and Family Therapy, 36*, 96–107

Knudson-Martin, C. (2000). Gender, family competence, and psychological symptoms. *Journal of Marital and Family Therapy, 26*, 317-328.

Pandit, M. L., ChenFeng, J., Kang, Y. J., Knudson-Martin, C., & Hunergardt, D. (2014). Practicing socio-cultural attunement: A study of couple therapists. *Contemporary Family Therapy, 36*, 518-528

Silverstein, R., Bass, L. B., Tuttle, A., Knudson-Martin, C., & Huenergardt, D. (2006). What does it mean to be relational? A framework for assessment and practice. *Family Process, 45*, 1-15

45, 391-405.

Tuttle, A.R., Knudson-Martin, C., & Kim, L. (2012). Parenting as relationship: A framework for assessment and practice. *Family Process, 51*, 73-89. doi: 10.1111/j.1545-5300.2012.01383.x

## CLASS ASSIGNMENTS

### 1. **Participation** (30 points)

This course emphasizes shared engagement with the assigned readings and clinical competencies. Toward this end, you are expected to:

- Attend and participate in **all** class meetings. In the event of illness or other emergency, please email the instructor in advance of class. Missed classes will be made up by written reflections on the required readings for the day.
- Come to class prepared (having read the assignment for the day).
- Give attention to the instructor and/or other students when they are speaking or making a presentation. No electronic devices may be used, except to access readings or make notes.
- Contribute to in-class discussion based on the topics of discusses and the readings assigned. Contributions may include how you feel about the material but merely articulating your feelings is not sufficient. You are expected to put those feelings in context of your thoughts and analysis of the material.
- Engage in group discussions and role plays.
- Ask questions of the instructor and/or other students regarding the material examined in that class.
- Deal with other students and/or the instructor in a respectful fashion.

Your participation in class activities will be evaluated according to the following rubric:

CLASS PARTICIPATION COMPETENCIES	Possible points	Points demonstrated
Prompt and dependable presence in the class.	15	
Prepares for class by immersing self in course readings and reflecting on their application to practice.	8	
Engages in course activities with a spirit of openness and curiosity.	8	
Helps to create an atmosphere of safety and mutual respect among all class members.	9	
<b>TOTAL</b>	<b>30</b>	

## 2) Expanding the Lens: Assessing Societal Context (30 points) DUE Feb 19

In groups of 3 or 4, conduct a role play assessment of the family or couple in their larger societal context using a) the Relational Assessment Guide (RAG)—couple or parent-child version and b) a social capital map.

A. Watch the movie “*Real Girls Have Curves*.” (Available on-line at [www.movieberry.com/real\\_women\\_have\\_curves](http://www.movieberry.com/real_women_have_curves), U-tube, or other outlets. Imagine one of the following as the presenting problem based on the movie:

- The youngest daughter’s decisions regarding school
- The oldest daughter’s depression
- The mother’s health issues
- The parents’ conflict about parenting
- The younger daughter’s relationship with her boyfriend.

B. Role play conducting the assessments using the RAG and the Social Capital Map to guide assessment of the family members’ relational orientations, limitations, and opportunities and discuss your assessment and implications for treatment planning with group members

C. Each individual group member write a summary and interpretation of your assessment that includes:

1. Conclusions about societal messages each person has received that inform their actions in response to the presenting issues.
2. A summary of how family members relate to each other based on their contextually-informed relational orientations.
3. A diagram of the Social Capital Map and summary of key findings.
4. Case conceptualization of the presenting issue in context of the above
5. Treatment goals and strategies based on the case conceptualization.

Assessment paper **may not exceed 6 double-spaced pages**. It will be evaluated according to the following rubric:

SOCIETAL CONTEXT ASSESSMENT COMPETENCIES	Possible Points	Points demonstrated
Identifies societal messages each person has received and how these inform their response to the presenting issues.	5	
Summarizes how family members relate to each other based on their contextually-informed relational orientations.	5	
Diagrams and explains the family’s social capital map.	5	
Concisely conceptualizes the presenting issue in context of the preceding sociocultural assessments.	5	

Suggests treatment goals and at least three specific intervention strategies based on the case conceptualization	5	
Assessment is clearly and professionally written with non-pathologizing language.	5	
TOTAL	30	

### 3) Expanding the lens: Assessing Interpersonal processes (30 points) DUE March 19

Continuing with the family from *Real Girls Have Curves*, role play assessing the family's interaction patterns using a) the IPscope (Tomm et al., appendices), b) the GARF, and c) the Beavers Interaction Scales. Each person writes a 5-6 page summary that considers the presenting issues in light of possible DSM diagnoses and systemic interaction patterns (relational and societal). Summary paper will be evaluated according to the following rubric.

INTERPERSONAL ASSESSMENT COMPETENCIES	Possible Points	Points demonstrated
Uses the IPscope Brief Interview Record to identify pathologizing and healing patterns, as well as therapeutic transforming and wellness patterns.	5	
Uses the Global Assessment of Relationship Functioning scale to assess family functioning.	5	
Uses the Beavers Interaction Scales to assess family competence and style (observer and self report).	5	
Suggests a possible DSM-5 diagnosis related to presenting issues with rationale.	5	
Explains DSM-5 diagnosis in context of family interaction patterns and societal context.	5	
Assessment is clearly and professionally written with non-pathologizing language.	5	
Total	30	

### 4. Child or adult Assessment Presentation (30 points). (March 30 or April 2)

Together with a partner, identify an "individual" adult or child issue of interest to you. Possible topics include depression, anxiety, attachment issues, eating disorders, conduct disorders, attention-deficit concerns, psychotic disorders, and others. Teams will sign up for topics in advance so that each group has a different topic. Students are advised to begin research early as getting access to or information about your desired instruments may take time.

A. Describe the issue in terms of the appropriate DMS-5 criteria.

B. Research possible assessment instruments or tools that may be relevant/helpful in case conceptualization and treatment planning.

C. Video record your role play using and interpreting at least two of the identified assessment tools.

D. Make a 30 minute presentation to the class that includes:

1. The DSM-5 criteria
2. A description of the assessment tools and how they are used.
3. A critique/reflection of the instruments and DSM-5 criteria in terms of sociocultural and relationship contexts that invite, maintain, or contribute to the symptoms.
4. Ideas about how to utilize and interrupt the instruments within a systemic context.
5. Select 5-7 minutes of using (i.e., explaining the instrument or task) and 5-7 minutes interpreting the findings to the person (and/or family/parent/partner). Video should include each presenter in the therapist role once.
6. Provide a 1-2 page handout for each class member.

CHILD/ADULT ASSESSMENT COMPETENCIES	Possible Points	Points demonstrated
Identify relevant DSM criteria	5	
Describe at least two related assessment tools.	5	
Critiques assessment tool from a relational/societal context.	5	
Demonstrates using/explaining the assessment tool.	5	
Demonstrates interpreting the assessment findings in keeping with a systems/relational framework.	5	
Handout and presentation professionally done.	5	
Total	30	

5. **Final Case Presentation.** (50 points) and **case summary** (30 points).

**Summaries DUE April 23.**

In groups of 3 make a final case presentation that demonstrates assessment and treatment planning across parts of several initial family/couple sessions. Each group member should play the therapist role for part of the time. Cases should be fictional or composite, based on people from books, movies, or your caseload at work. Do not use any names or information that would

identify a real person. Avoid using your own family. Groups will sign up for one of the following kinds of cases:

- Premarital
- Parenting concerns
- Couple distress
- Chronic illness
- Adolescent behavior problem

A. Selectively prepare a 50 minute role play demonstration that includes aspects of assessing all of the following:

1. Suicide risk
2. Domestic violence risk
3. Substance use
4. Sociocultural attunement
5. Social capital
6. Genogram
7. Interpersonal interactions
8. Socio-emotional power dynamics

B. Demonstrate how you use the assessment to collaboratively develop treatment goals with clients

C. Discuss DSM-5 diagnosis with the family in a way that integrates it within systems/relational contexts and processes.

D. Conclude with a 10 minute summary to the class regarding

1. Hypothesis that includes relationship patterns, their bearing on the presenting problem, and the influence of sociocultural factors on client systems.
2. Treatment plan that considers at least 3 therapeutic approaches and that includes assessment for safety and addiction.

E. Each student will turn in Case Summary using the following as headings:

- a) Names and demographic information
- b). Presenting issues or concerns
- c) Family history and social stressors
- d) Impact of sociocultural context
- e) Family interaction patterns
- f) Social capital and potentially healing interactions
- g) Case conceptualization (should use family or relationship as the subject of the first sentence and explain how you are understanding the presenting issues from a

systems/relational perspective)

h) DSM-5 diagnoses

i) Suggested treatment goals from 3 different theoretical models with corresponding treatment plans.

Write concisely and professionally. Avoid pathologizing language.

Case summary may be single spaced. Typically 3-4 pages

Evaluation rubrics for this assignment are attached.

### **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.

### **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 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. According to the Lewis & Clark Counseling Psychology attendance policy, missing 3 or more hours of a 1 credit course may result in a failing grade. For this course, any absence of more than one hour requires a makeup assignment. If you must be absent or late, please email the instructor at least several hours prior to class.

### **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 instructors as soon as possible. It is the responsibility of the student to make his or her disability and needs known in a timely fashion and to provide appropriate documentation and evaluations to support the accommodations the student requests. Requests for accommodations should be routed through the Student Support Services office in Albany 206. Please review the L&C policy at:

[http://www.lclark.edu/offices/student\\_support\\_services/rights/disability\\_policy/](http://www.lclark.edu/offices/student_support_services/rights/disability_policy/)

## **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.

## **EVALUATION & GRADING**

Participation	30 pts
Sociocultural Assessment	30 pts
Interpersonal Patterns Assessment	30 pts
Child/Adult Assessment Presentation	30 pts
Final Case Demonstration	50 pts
with Case summary	<u>30 pts</u>
Total	200 pts

186-100 = A    180-185.5 = A-    176-179.5 = B+

166-175.5 =B    160-165.5 = B-    156-159.5 = C+

146-155.5 = C    140-145.5 = C-

“A” grades will be reserved for particularly outstanding work.

**COURSE SCHEDULE**

	<b>Topics</b>	<b>Readings due</b>	<b>Assignment/ Activity due</b>
Week 1 Jan 15	Course Overview: Theory, Ethics, & Assessment		
Week 2 Jan 22	The initial session  Assessing for safety	Williams chap 1-4  Watch Real Girls Have Curves before class	Select topics for presentation (in class)  Be prepared to role play
Week 3 Jan 29	Sociocultural Assessment: Relational Assessment Guide	Silverstein et al Tuttle et al Pandit	Be prepared to role play
Week 4 Feb 5	Sociocultural Assessment Social Capital Map	Garcia	Be prepared to role play
Week 5 Feb 12	DSM-5 in systems/relational context and treatment planning	Williams chap 5, 6, & 13	Be prepared to role play
Week 6 Feb 19	Interpersonal Interactions	Tomm intro and chap 1, 3,4,& 5	<b>Sociocultural assessment due</b> Be prepared to role play
Week 7 Feb 26	Interpersonal Interactions in cultural context	Tomm chap 6,7, 8, & 11	Be prepared to role play
Week 8 March 5	Family Assessments: Beavers GARF	Sperry chap 4 & 5 Knudson-Martin (2000)	Be prepared to role play
Week 9 March 12	Family & Couple Assessments	Williams chap 9-12	<b>Interpersonal Assessment due</b> (in class you'll organize for final case presentation)

Week 10 March 19	Assessments with children	Williams chap 7 & 8	Assessment presentations (children) _____ _____ _____
Spring break			
Week 11 April 2	Case conceptualization and treatment planning (class time to work on final presentation)		Assessment presentations (adult) _____ _____ _____
Week 12 April 9	Case conceptualization and treatment planning		Final Case Presentation: Premarital/couple _____ _____
Week 13 April 16	Case conceptualization and treatment planning		Final Case Presentation: parenting _____ _____
Week 14 April 23	Case conceptualization and treatment planning		Final Case Presentation _____ <b>Case summary due</b>
Week 15 April 30	No class meeting		

**MCFT 541: Family Therapy Final Case Assessment Rubric**

<b>Case Presentation</b>				
	<b>Unacceptable (0-3)</b>	<b>Below Expected (4-7)</b>	<b>Expected/Exemplary (8-10)</b>	<b>Total Points (out of 10 possible)</b>
Ability to integrate DSM diagnosis into systemic context	Diagnosis is incomplete or not systemically integrated	DSM diagnosis is complete but not appropriate or integrated	Diagnosis is complete, appropriate, and systemically integrated	
Individual and family patterns are assessed within sociocultural context	Issues and behaviors are described individually without awareness of larger sociocultural context.	Sociocultural context is identified, but individual and family patterns are not well linked to larger contexts	The link between individual and family patterns with larger sociocultural contexts is clearly explained	
Problematic and healing interpersonal interactions are assessed	Assessment focuses on individual behavior and experience only.	Interpersonal interactions are accessed but the focus is almost entirely on problems without identifying potential resources or potential for healing.	Interpersonal interactions that maintain problems as well as those with healing potential are identified.	
A systemic case conceptualization and related treatment goals are identified.	Case conceptualization is not clearly defined or focuses on individual problems and concerns and/or clear systemic treatment goals not provided	Case conceptualization includes systems/relational processes but is not clearly articulated and/or related treatment goals are not clearly developed.	Case conceptualization/ hypotheses include relationship patterns, their bearing on the presenting problem, and the sociocultural contexts that impact these relationships and these are linked to clear treatment goals.	
A treatment plan that considers at least 3 therapeutic approaches and includes assessment for safety and addiction is included.	Treatment plan is not specific to identified treatment goals or only one possible approach is suggested. Assessment of safety and addiction is not evidenced.	Safety and addiction are assessed but treatment plan includes only two possible approaches or is not clearly linked to treatment goals.	Safety and addiction are accessed and a treatment plan with at least 3 different possible approaches is clearly linked to identified treatment goals.	

**MCFT 541: Family Therapy Final Case Assessment Rubric**

<b>Case Summary</b>				
	<b>Unacceptable (0-1)</b>	<b>Below Expected (2-3)</b>	<b>Expected/Exemplary (4-5)</b>	<b>Total Points (out of 5 possible)</b>
Ability to integrate DSM diagnosis into systemic context	Diagnosis is incomplete or not systemically integrated	DSM diagnosis is complete but not appropriate or integrated	Diagnosis is complete, appropriate, and systemically integrated	
Individual and family patterns are assessed within sociocultural context	Issues and behaviors are described individually without awareness of larger sociocultural context.	Sociocultural context is identified, but individual and family patterns are not well linked to larger contexts	The link between individual and family patterns with larger sociocultural contexts is clearly explained	
Problematic and healing interpersonal interactions are assessed	Assessment focuses on individual behavior and experience only.	Interpersonal interactions are accessed but the focus is almost entirely on problems without identifying potential resources or potential for healing.	Interpersonal interactions that maintain problems as well as those with healing potential are identified.	
A systemic case conceptualization and related treatment goals are identified.	Case conceptualization is not clearly defined or focuses on individual problems and concerns and/or clear systemic treatment goals not provided	Case conceptualization includes systems/relational processes but is not clearly articulated and/or related treatment goals are not clearly developed.	Case conceptualization/ hypotheses include relationship patterns, their bearing on the presenting problem, and the sociocultural contexts that impact these relationships and these are linked to clear treatment goals.	
A treatment plan that considers at least 3 therapeutic approaches and includes assessment for safety and addiction is included.	Treatment plan is not specific to identified treatment goals or only one possible approach is suggested. Assessment of safety and addiction is not evidenced.	Safety and addiction are assessed but treatment plan includes only two possible approaches or is not clearly linked to treatment goals.	Safety and addiction are accessed and a treatment plan with at least 3 different possible approaches is clearly linked to identified treatment goals.	