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

LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING

MCFT 541 Systemic Assessment and Treatment Planning
SPRING 2016

Time & Day:	Thursdays 9:00-12:15 (section 1) Thursdays 1:00- 4:15 (section 2)
Place:	York Graduate Center, room 116
Instructor:	Carmen Knudson-Martin, PhD
Office Hours:	Tuesdays 1:00-3:00; Thursdays 4:30-6:30 and by arrangement (please schedule appointments in advance by calling the CPYS office)
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CATALOG DESCRIPTION

Application of family systems theories, social equity, and evidence based practice to assessment, diagnosis, and treatment planning in marriage, couple and family therapy. Course examines the theoretical assumptions and values underlying approaches to the treatment of major mental health issues and other presenting issues such as child behavior problems, addiction, suicide, familial violence, and families managing acute and chronic medical conditions. Specific assessment techniques and tools are discussed, evaluated, practiced, and applied to clinical diagnoses and treatment planning, including risk assessment and crisis intervention.

Prerequisite: CPSY 504, CPSY 522, CPYS 530 or CPYS 538
Credit: 3 semester hours

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, and social systems in people's lived experience.
SLO 1.3 Students apply system/relational theories to clinical case conceptualization.
SLO 2.2 Students' clinical practice demonstrates attention to social justice and cultural democracy.
SLO 3.1 Students are able to discern the implications of the sociopolitical context with which research is produced and applied.
SLO 3.2 Students draw on the research literature relevant to family therapy in case planning.

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 models for assessment of relational functioning. (CC 2.1.6, 2.3.1)

2. Develop skills for crisis intervention and longer-term treatment planning in family therapy.
3. Assess risk for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others and develop adequate safety plans (CC 2.3.5, 3.3.6, 3.4.3, 5.3.4; TS 2.15, 3.04)
4. Consider the theoretical assumptions and values underlying approaches to the treatment of major mental health issues and other presenting concerns, especially as they relate to social equity. (CC 2.1.6)
5. Assess bio-psycho-social-spiritual history and socioeconomic context to identify clients' strengths, resilience, and resources. (CC 2.3.6, 2.3.7; TS 2.18, 2.19
6. Develop treatment plans that integrate DSM diagnosis into a systemic case conceptualization. (CC 2.1.4; TS 2.14)
7. Develop treatment goals based on 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)
8. 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)
9. Apply current research and evidence-based practice to systemic treatment planning.
10. Demonstrate effective and systemic assessment techniques and strategies. (CC 2.3.3; TS 1.02)
11. Link treatment planning to specific MCFT theories.
12. Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes. (TS 3.05)

TEXT/READINGS

Sexton, T. L. & Lebow, J. (2016). *Handbook of family therapy, 2nd revised ed.* 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.

Dittilio, F. M., Jongsma, A. J., & Davis, S. (2014). The family therapy treatment planner, 2nd Ed. New York, NY: Wiley

Recommended

Sperry, L. (2012). *Family assessment: Contemporary and cutting-edge strategies, 2nd 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.

Required Articles

All articles may be accessed through the library. Some of the most recent may be in early view. For these you must first go to the journal and then click on early view (on the top left)

1. Sheinberg, M., & Brewster, M. K. (2014). Thinking and working relationally: Interviewing and constructing hypotheses to create compassionate understanding. *Family Process, 53,* 618-639.
2. Tilsen, J. & McNamee, S. (2015). Feedback informed treatment: Evidence-based practice meets social construction. *Family Process, 54,* 124-137.
3. Roberts, A. R., & Ottens, A. J. (2005). The seven-stage crisis intervention model: A road map to goal attainment, problem solving, and crisis resolution. *Brief Treatment and Crisis Intervention, 5,* 329-339.
4. Myer, R. A., Lewis, J. S., & James, R. K., (2013). The introduction of a task model for crisis intervention. *Journal of Mental Health Counseling, 35,* 95-107.
5. Myer, R. A., Williams, R. C., Haley, M., Brownfield, J. N., McNicols, K. B., & Pribozie, N. (2014). Crisis intervention with families: Assessing changes in family characteristics. *The Family Journal, 22,* 179-185.
6. Mer, H., & Dolberger, D. I., (2015). Helping parents cope with suicide threats: An approach based on nonviolent resistance. *Family Process, 54,* 559-575.
7. Weingarten, K. (2012). Sorrow: A therapist's reflection on the inevitable and the unknowable. *Family Process, 51,* 440-455.
8. 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,* 391-405.
9. Tuttle, A.R., Knudson-Martin, C., &Kim, L. (2012). Parenting as relationship: A framework for assessment and practice. *Family Process, 51,*73-89.
10. Pandit, M. L., ChenFeng, J., Kang, Y. J., Knudson-Martin, C., & Huenergardt, D. (2014). Practicing socio-cultural attunement: A study of couple therapists. *Contemporary Family Therapy, 36,* 518-528.
11. Giammattei, S. (2015). Beyond the binary: Trans-negotiations in couple and family therapy. *Family Process, 54,* 418-434.
12. 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.
13. Unger, M. (early view). Varied patterns of family resilience in challenging contexts. *Journal of Marital and Family Therapy.* Doi:10.1111/jmft.12124.
14. Madsen, W. C. (2011). Collaborative helping maps: A tool to guide thinking and action iin family-centered services. *Family Process, 50,* 529-543.
15. Wamboldt, M., Kaslow, & Reiss, D. (2015). Description of Relational Processes: Recent changes in DSM-5 and proposals for ICD-11. *Family Process, 54,* 6-16.
16. Strong, T. (2015). Diagnoses, relational processes and resourceful dialogs: Tensions for families and family therapy. *Family Process, 54,* 518-532.

17. Gabb, J., & Singh, R., (2015). The uses of emotion maps in research and clinical practice with families and couples: Methodological innovation and critical inquiry.
18. Bograd, M. & Mederos, F. (1999). Battering and couples therapy: Universal screening and selection of treatment modality. *Journal of Marital and Family Therapy, 25,* 291-312.
19. Todahl, J., Linville, D., Tuttle Shamblin, A. F., (2012). Client narratives about experiences with a multicouple treatment program for intimate partner violence. *Journal of Marital and Family Therapy, 38,* 150-167.
20. Whiting, J. B., Oka, M., & Fife, S. T. (2012). Appraisal distortions and intimate partner violence: Gender, power, and interaction. *Journal of Marital and Family Therapy, 38,* 133-149.
21. Stith, S. M., McCullum, E. E., Amanor-Boadu, Y., & Smith, D. (2012). Systemic perspectives on intimate partner violence treatment. *Journal of Marital and Family Therapy, 38,* 220-240.
22. Baucom, D. H., Belus, J. M., Adelman, C. B., Fischer, M. S., Paprocki, C. (2014). Couple-based interventions for psychopathology: A renewed direction for the field. *Family Process, 53,* 445-461.
23. Gangamma, R., Bartle-Haring, Holowacz, E., Hartwell, E. E., & Glebova, T. (2015). Relational ethics, depressive symptoms, and relationship satisfaction in couples in therapy. *Journal of Marital and Family Therapy, 41,* 354-366.
24. Seikkula, J., Arnkil, T. E., & Eriksson, E. (2003). A postmodern society and social networks: Open and anticipation dialogues in network meetings. *Family Process, 42,* 185-203.
25. Olson, M. (2015). An auto-ethnographic study of "open dialogue": The illumination of snow. *Family Process, 54,* 716-729.
26. Parra-Cardona, J. R., Lopez-Zeron, G., Domench Rodriguez, M. M., Escobar-Chew, A. R., Whitehead, M. R., Sullivan, C. M., & Bernal, G. (early view). A balancing act: Integrating evidence-based knowledge and cultural relevance in a program of prevention parenting research with Latino/a immigrants. *Family Process.* doi:10.1111/famp.12190.
27. Distelberg, B., Williams-Reade, J., Tapanes, D., Montgomery, S., & Pandit, M. (2014). Evaluation of a family systems intervention for managing pediatric chronic illness: Mastering each new direction (MEND). *Family Process, 53,* 194-213.
28. Linville, D., Cobb, E., Shen, F., & Stadelman, S. (early view). Reciprocal influence of couple dynamics and eating disorders. *Journal of Marital and Family Therapy.* doi: 10.1111/jmft.12133.
29. Rentscher, K. E., Soriano, E. C., Rohrbaugh, M. J., Shoham, V., & Mehl, M. R. (early view). Partner pronoun use, communal coping, and abstinence during couple-focused intervention for problematic alcohol use. doi: 10.1111/famp.12202
30. O'Farrell, T. J., & Clements, K. (2012). Review of outcome research on marital and family therapy in treatment for alcoholism. *Journal of Marital and Family Therapy, 38,* 122-144.
31. Rowe, C. (2012). Family therapy for drug absue: Review and updates 2003-2010. *Journal of Marital and Family Therapy, 38,* 59-81.
32. Williams, K. (2013). Do therapists address gender and power in infidelity? A feminist analysis of treatment literature. *Journal of Marital and Family Therapy, 39,* 271-284.
33. Williams, K. (2011). A socio-emotional relational framework for infidelity: The relational justice approach. *Family Process, 50,* 516-528.

CLASS ASSIGNMENTS

1. **Participation** *(20 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.
   - Engage in group discussions and role plays.
   - 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.	5	
Prepares for class by immersing self in course readings and reflecting on their application to practice.	5	
Engages in course activities with a spirit of openness and curiosity.	5	
Helps to create an atmosphere of safety and mutual respect among all class members.	5	
TOTAL	20	

2. Case Observation DUE April 21

Each student must observe at least 20 hours of therapy provided by MCFT students or faculty at the Lewis & Clark Community Counseling Center. Observing students will abide by professional code of ethics regarding confidentiality and take care to monitor their voice and presence so as not to disturb clients or therapists.

For each session observed, students will reflect on the following questions:

1. How are socio-contextual issues affecting the presenting issues and therapy process?
2. What mechanisms of change seem to be at play in this session?
3. What reflections or questions might you offer the therapist?

At the end of the term, submit a written summary of no more than one page per session to the instructor. At the end of each session, individually or as a group of observers, provide the therapist with some written notes with your thoughts or observations so that you have input into their on-going treatment planning.

If you are observing as a group, take the opportunity to discuss with each other; however, be careful to keep your voices low and discuss only behind closed doors at the clinic. There will also be opportunities for discussion in some class meetings.

OBSERVATION COMPETENCIES	Possible points	Points demonstrated
At least 20 hours of therapy have been observed.	10	
The expression and influence of socio-contextual issues in the session are explored.	10	
Mechanisms of change are considered and recognized.	10	
Reflections thoughtfully raise questions and observations that might be helpful to the therapist.	10	
TOTAL	40	

3. Expanding the Lens: Societal & Relational Assessment *(30 points)* **DUE March 10**

A. Watch the movie "*Real Girls Have Curves*." (Available on-line at www.movieberry.com/real_women_have_curves, U-tube, or other outlets. Imagine one of the following as the presenting problem based on the move:

The youngest daughter's decisions regarding school

The oldest daughter's depression

The mother's health issues

The parents' conflict about parenting

B. Drawing on class role plays and application of course readings and discussion, write a case conceptualization that includes:

1. Conclusions about societal messages each person has received that inform their actions in response to the presenting issues and each other.
2. An analysis of the family's social capital and strengths
3. An analysis of the family's interaction patterns

4. Case conceptualization of the presenting issue that relates the above to a DSM diagnosis.
5. Treatment goals

Assessment paper **may not exceed 3 single-spaced pages**. It will be evaluated according to the following rubric:

SOCIETAL & RELATIONAL CONTEXT ASSESSMENT	Possible Points	Points demonstrated
Identifies societal messages each person has received and how these inform their response to the presenting issues.	5	
Identifies the family's social capital and strengths.	5	
Identifies relevant family interaction patterns	5	
Concisely conceptualizes the presenting issue in context of the DSM and the preceding sociocultural assessments.	5	
Suggests treatment goals based on the case conceptualization	5	
Assessment is clearly and professionally written with non-pathologizing language.	5	
TOTAL	30	

4. Child or adult Assessment & Treatment Planning Presentation (50 points). (**Due as scheduled**)

Together with a partner (or two), 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.

A. Create a case example that illustrates the symptoms and relational and societal contexts surrounding the problem. The case may be one you have observed or are familiar with, one drawn from the literature, or one you made up, or a combination of these. Change all names and identifying information.

B. Describe the issue in terms of the appropriate DMS-5 criteria and consider the contexts related to the client's problem.

C. Conduct a review of the relevant research and assessment instruments or tools that may be relevant/helpful in case conceptualization and treatment planning. Literature review must include family therapy journals, but may also draw on other related literature.

D. Record yourselves role-playing a session(s) in which you make an agreement with the client about how you'll approach the case and the goals of treatment. You'll select a few minutes from the role plays to show as part of the presentation.

E. Make a 45 minute presentation to the class that includes:

1. A brief description of the presenting issues for your case.
2. The DSM-5 criteria for this problem and your relational conceptualization.
3. A summary of the relevant literature, an explanation of the contexts in which the various research findings were developed, the conclusions, applications, the questions that you take from the literature, and how the literature is informing your treatment planning in this particular case.
4. A discussion of how you (imaginatively) approached assessment in this case, including assessment tools you might have employed.
5. Your systemic case conceptualization.
6. Select a few minutes of your role-play in which you demonstrate a) conversation that helps expand the symptoms to their relational and societal contexts and b) discussion about treatment goals. Video should include each presenter in the therapist role once.
7. Provide a 1-2 page handout that summarizes key assessment issues and relevant research.

Evaluation rubric is attached at the end of the syllabus

5. Final Case Assessment & Treatment Plan. (60 points). DUE April 7. Student will each turn in Final Case Summary and Treatment plan based on the case from their presentation. Use the following as headings:

a) Names and demographic information
b) Presenting issues or concerns
c) Risk assessment
d) Family history and social stressors
e) Impact of sociocultural context
f) Family interaction patterns
g) Social capital and potentially healing interactions
h) DSM-5 diagnoses (identified and related to societal and relationship patterns)
i) 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)
j) Summary of relevant research (no more than 2 paragraphs)
k) 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 at the end of the syllabus

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/

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	20 pts
Observation Summaries	40 pts
Societal & Relational Assessment	30 pts
Case Presentation	50 pts
Final Treatment Plan	60 pts
Total	200 pts

186-200 = 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-

COURSE SCHEDULE

	Topics	**Readings due**	**Assignment/ Activity due**
Week 1 Jan 14	Relational Assessment & Treatment Planning	R1Sheinberg & Brewster Williams chap 1-2	
Week 2 Jan 21	Applying Research: Evidence-Based Practice	Lebow chap 22, 23, 26 R2 Tilsen & McNamee	Select topics for presentation (in class
Week 3 Jan 28	Crisis Intervention	R3 Robert & Ottens R4 Myer et al R5 Myer et al	Be prepared to role play
Week 4 Feb 4	Suicide and safety assessment	Williams chap 4 R6 Omer & Dolberger R7 Weingarten	Be prepared to role play
Week 5 Feb 11	Sociocultural Attunement	R8 Silverstein et al R9 Tuttle et al R10 Pandit et al R11 Giammattei	**Watch Real Girls Have Curves prior to class.** Be prepared to role play
Week 6 Feb 18	Social Capital Assessment	R12 Garcia & McDowell R13 Unger R14 Madsen	Be prepared to role play
Week 7 Feb 25	DSM-5 in systems/relational context & treatment planning	Williams chap 5 R15 Wamboldt et al R16 Strong	Be prepared to role play
Week 8 March 3	Assessing Interpersonal Interactions	Williams Chap 9-10 Tomm et al chap 1, 5, &6 R17 Gabb & Singh	Be prepared to role play
Week 9 March 10	Intimate Partner Violence	R 18 Bograd & Mederos R 19 Todahl et al R 20 Whiting et al R 21 Stith et al	**Societal & Relational Assessment Due** (based on Real Girls Have Curves)

Week 10 March 17	Relational Context of Psychopathology	Williams chap 6 Lebow chap 17 R 22 Baucom et al R 23 Gangamma et al R 24Seikkula et al R 25 Olson	Case Presentations: _____ _____
Spring break			
Week 11 March 31	(class time to work on final assessments) **no class meeting**		
Week 12 April 7	Child & Adolescent Behavior Problems	Williams chap 7-8 Lebow chap 12-15 R 26 Parra-Cardona et al	**Final Case Assessment & Treatment Plan Due** Case Presentations: _____ _____
Week 13 April 14	Acute and chronic Illness Eating disorders	Lebow chap 20 & 24 R 27 Distelberg et al R 28 Linville et al	Case Presentation: _____ _____
Week 14 April 21	Substance Abuse Treatment	R 29 Rentscher et al R 30 O'Farrell R 31 Rowe	**Observation Summaries DUE** Case Presentations: _____ _____
Week 15 April 28	Infidelity	R 32 Williams & K-M R 33 Williams	

MCFT 541: Final Case Assessment and Treatment Plan Rubric

	Unacceptable (0-3)	**Below Expected** (4-7)	**Expected/Exemplary** (8-10)	**Total Points** (out of 10 possible)
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.	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.	

Treatment plan draws on relevant research	Little or no research is identified.	Research is identified but not well linked to plan.	Plan is clearly linked to identified research.	

MCFT 541: Case Planning Presentation Rubric

CASE PRESENTATION				
	Unacceptable (0-3)	**Below Expected** (2-3)	**Expected/Exemplary** (4-5)	**Total Points** (out of 5 possible)
DSM diagnosis is integrated 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	
Assessment considers interconnections among biological, psychological, and social systems as they relate to presenting issues.	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.	
Application of research to case planning takes into account the sociopolitical context of research and case.	Research is identified with little or no analysis of the context in which it was produced or how it applies to this case.	Research is summarized and applied with limited awareness of sociopolitical context of the issues and research.	Implications of relevant research are analyzed socio-contextually with rationale for how the literature informs treatment planning in this particular case.	
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.	
Role-play and presentation styles are professional and respectfully and sensitively engage client and class.	Presentation is not well-prepared or fails to respectfully engage client or class.	Presentation and role-play take a distant, objectified approach to the issues or pathologize client or family.	Role play and presentation demonstrate respectful professional engagement and collaboration with client and	