



“We are a community that commits itself to diversity and sustainability as dimensions of a just society”  
- *Mission Statement, Lewis & Clark College*

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## MCFT 580-21 Practicum in Marriage, Couple, and Family Therapy SUMMER 2017

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Time & Day: 1:45 – 8:00 pm Mondays (Plus additional hours to total at least 8)

Location: L&C Community Counseling Center ( Annex Classroom)  
4445 SW Barbur Blvd., Portland, OR 97239

Instructor: Sarah Ellenwood, LPC, LMFT.  
[sarahellenwood@lclark.edu](mailto:sarahellenwood@lclark.edu)

Office Hours: by appointment

Phone: 503-975-5880 (cell)

### CATALOG DESCRIPTION

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

**Credits:** 4 semester hours.

### MCFT STUDENT LEARNING OUTCOMES

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

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

SLO 2.2 Students’ 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 process to clinical dilemmas.

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

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

## REQUIRED TEXTS

- Cozolino, L. (2016). *Why therapy works: Using our minds to change our brains*. New York, NY: Norton
- Knudson-Martin, C., Wells, M.A., & Samman, S. K. (2015). *Socio-Emotional Relationship Therapy: Bridging, emotion, societal context, and couple interaction*. New York: Springer
- McDowell, T. (2015). *Applying critical social theories to family therapy practice*. New York, NY: Springer
- Minuchin, S. Rwierwe, M., & Borda, C. (2014). *The craft of family therapy: Challenging certainties*. New York, NY: Routledge.

## COURSE DESCRIPTION

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

The majority of supervision (at least 50%) must be based on raw data (i.e., live observation/video-tapes of sessions with clients or co-therapy with your supervisor). These arrangements must be maintained during academic breaks when you are not actually enrolled in the course but are seeing clients through your affiliation with Lewis and Clark College.

This syllabus serves as a contract between you, the program, and your individual faculty supervisor. Before you graduate, you must complete 500 hours of direct client contact (250 relational) and 100 hours of supervision as detailed in the MCFT Clinical Training Handbook.

## COURSE OBJECTIVES

As a result of this course students will:

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

group.

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

## **COURSE REQUIREMENTS**

### **1. Attendance, participation, disposition and dress code**

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

### **2) Ethics**

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

### **3) Documentation—REQUIRED TO RECEIVE CREDIT FOR THE SEMESTER**

- Document your clinical contact and supervisor hours on monthly logs and have your supervisor sign them. Your practicum instructor needs to sign both the off-site log and the L&C log.
- At the end of the semester complete the clinical hours summary (found under forms on the MCFT webpages). Submit the summary with all monthly hour logs attached to Ayshia in the CPYS office. [amoua@lclark.edu](mailto:amoua@lclark.edu)
- Upload end of term supervisee evaluations on Taskstream. Your supervisors will complete an electronic evaluation *and* print you a copy. Then you meet with your supervisors to review it and complete the signature and goals form. Each of the following must be uploaded:
  - printed copy of your extern supervisor's evaluation, with the signature form on top
  - printed copy of your L&C supervisor's evaluation, with the signature form on top
- On Taskstream, complete a confidential evaluation of each of your supervisors .

#### 4) Supervision

- Let your supervisor know about any situations that might limit your ability to perform your clinical role. Inform your L&C supervisor and Matthew Lovell (clinical director) of any problems you experience in your off-site placement
- Let your supervisor when supervision is and isn't "working" for you so that you can maintain a positive working relationship.
- Be involved and offer input about all cases presented during supervision, even if you are not directly seeing the clients.
- Maintain contact and respond in a timely manner to clients and other professionals.
- Complete any additional requirements agreed on by you and your supervisor(s)

#### 5) Reflective Case Analysis.

- Review video of your clinical work on a weekly basis.
- Complete all assignments as outlined below.

#### 6). Professional Practice

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

### COURSE ASSIGNMENTS

The following assignments are also required to receive course credit. Unprofessional behavior and/or failure to demonstrate appropriate clinical progress could also result in **No Credit** for the course.

**1. Participation** Our practicum works as a clinical team. It is important to arrive promptly for all class meetings and fully engage in all class and clinical activities.

**2. Readings.** Read the assigned/agreed upon readings prior to class. As you read them, reflect upon their application to your cases or other cases you've observed. Engage in shared discussion of the clinical questions, ideas, or applications raised from the readings.

#### 3. Analysis of your own practice

A. Review video of your clinical work on a weekly basis.

B. Contribute three case analyses for group discussion, one in each of the following focus areas:

- 1) Therapist-client Alliance/Engagement--Processes related to safe, attuned connection between therapist-client and between clients
- 2) Sociocultural Lens: Processes regarding the impact of larger societal context and potential colonizing and/or relationship to dominant power structures

3) Systems/Relational Lens: Moving from individual definition of problems to a relational one and/or maintaining this focus.

For each analysis

- 1) Review the session in advance of the class. Based on the focus of your analysis, identify what is happening moment by moment in the session.
- 2) What stands out to you?
- 3) Select a segment that was particularly informative to you (could be something that worked or something that didn't)
- 4) Present a brief video section to the class (a few minutes is sufficient), explaining what is significant about the selected segment and questions raised for you that you'd like the class to discuss

### **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.

### **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**

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

## CELL PHONES

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

## EVALUATION AND GRADING

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

## COURSE SCHEDULE

1:45-2:00 Check in, assign new cases, and supervision schedule for the day

2:00-2:30 Discuss application of readings

2:30-3:45 Video presentations

3:45-4:00 Break

4:00-8:00 Live supervision

Weekly readings are to be completed for the day indicated. Students are expected to be prepared to discuss the ideas and concepts discussed in the readings and are responsible for all of the assigned readings, whether or not they are discussed in class.

Date	Topic/Presentations	Reading
May 8	Clinic Orientation & Getting Started	Clinical policy handbook
May 15	Group development and review of assigned cases, self care & self compassion discussion	Prepare 3 self care activities to commit to and 2 statements of self compassion to commit to.
May 22	Basis for Clinical Attunement Engagement analyses _____ _____	Cozolino chap 1-2

May 29	Memorial Day—No class Clinic closed	Self care and self compassion practice
June 5	Circle of Care and Power Engagement analyses _____ _____	K-M chap 1
June 12	Systemic Engagement Engagement analyses _____ Sociocultural analyses _____	Minuchin chap 1-3
June 19	Interpersonal Neurobiology Sociocultural analyses _____ _____	K-M p. 27-40 Cozolino chap 7 & 14
June 27	Critical Social lenses Sociocultural analyses _____ _____	McDowell 1-4
July 3	Holiday. . No class.	
July 10	Mindfulness & Change	Cozolino, chap 4-6
July 17	Family Structure <b>Arrange off-site supervisor evaluations</b> Systemic Case analyses _____ _____	Minuchin chap 4
July 24	Challenging Patriarchy Systemic Case analyses _____ _____	McDowell, chap 3 K-M pp 15-26, 79-91, & 145-153
July 31	<b>OFF SITE SUPERVISOR EVALUATIONS DUE</b> Discussion: Learning to be systemic therapists	Minuchin chap 7-9
August 7	Applications of Queer Theory Systemic Case analyses _____ _____	McDowell, chap 5 K-M chap pp. 93-104

August 14	End of term reflections	
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## EXPECTED CLINICAL SKILLS

By the end of the term, you will be expected to demonstrate the skills listed as internship 1.

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

<b>Internship 1.</b> Seeks to understand and empathize with each person's perspective.	<b>Internship 2.</b> Joins and maintains connection with all members in the relationship system, including those who may not be present.	<b>Internship 3.</b> Recognizes societal influences on therapeutic alliance and seeks to engage silenced or overlooked voices and perspectives.	<b>Internship 4.</b> Skillfully manages relationship with family members to counteract societal power imbalances and facilitate their engagement with each other.
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2. ***Structuring and managing therapy*** (explain practice setting rules, fees, rights, and responsibilities; determine who should attend therapy and in what configuration; establish and reviews goals; evaluate clients' outcomes for the need to continue, refer, or terminate therapy) SLO 4.2

<b>Internship 1.</b> Follows basic clinical and procedures, documents appropriately, and obtains measurable goals in collaboration with client.	<b>Internship 2.</b> Attends to impact of larger relational systems and considers who best to involve; Organizes flow of the session; goals are related to interventions.	<b>Internship 3.</b> Interventions regularly reflect a plan to attain goals; Works with clients to establish and review systemic goals and outcomes; Engages relevant systems & relationships.	<b>Internship 4.</b> Consistently manages progression of therapy toward attainment of systemic treatment goals.
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3. ***Perceptual competency*** (identify patterns of interaction; distinguish process from content; identify self as part of the system; develop hypotheses regarding relationship patterns & their bearing on the presenting problem; understand issues related to social justice, cultural democracy, and power) SLO 1.1, 1.2, & 4.2

<b>Internship 1.</b> Is developing a systemic lens to expand presenting issues and content to hypotheses regarding interaction patterns and relational and socio-contextual processes.	<b>Internship 2.</b> Able to distinguish process from content in session; Recognizes issues related to social justice and cultural democracy. Reflects on own role in the therapeutic process.	<b>Internship 3.</b> Regularly recognizes and focuses on patterns of interaction and considers how these relate to larger societal processes. Observes impact of self in the therapeutic process.	<b>Internship 4.</b> Consistently recognizes the interconnections among biological, psychological, and social systems, including the impact of power on the presenting issues and own role in the therapeutic system.
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4. **Intervention skills** (link interventions to theory; intervene intentionally and consistently throughout the therapeutic relationship; follow up on interventions; formulate and alter treatment plan as needed; match treatment modalities and techniques to clients' needs, goals, and values; Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client). SLO 2.2, 4.2, & 4.3

<b>Internship 1.</b> Applies techniques from at least one systemic therapy approach.	<b>Internship 2.</b> Uses a variety of clinical skills, and is beginning to connect them to a clear overall focus or systemic rationale.	<b>Internship 3.</b> Expanded intervention skill set; Emerging ability to link skills to overall systemic approach; recognizes larger context issues and applies appropriate interventions.	<b>Internship 4.</b> Uses a variety of skills to achieve specific systemic goals; consistently attuned to client's unique social location
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5. **Contextual awareness, knowledge and skill** (demonstrate of integration of family therapy theory, equity, and social location issues in clinical practice; recognize impact of interventions on wider system; apply systems/relational theories to clinical case conceptualization; recognize how different techniques may impact the treatment process and larger systems issues of justice and power. SLO 2.1, 2.2, & 4.2

<b>Internship 1.</b> Identifies own cultural biases and assesses relevant larger systems issues.	<b>Internship 2.</b> Recognizes issues of justice and power in session and attempts to respond to these in systemic treatment planning.	<b>Internship 3.</b> Sessions expand contextual awareness & counteract societal inequities; increased ability to integrate attention to larger systems issues with family therapy models.	<b>Internship 4.</b> Clinical practice regularly demonstrates integration of family therapy theory, equity, and social location issues.
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6. **Assessment and diagnosis** (Consider physical/organic, social, psychological, and spiritual problems that can cause or exacerbate emotional/interpersonal symptoms; diagnose and assess

client behavioral and relational health problems systemically and contextually; identify clients' strengths, resilience, and resources; evaluate level of risks; manage risks, crises, and emergencies; complete effective assessments and appropriately use the DSM V) SLO 1.3. 4.2, 4.3

<p><b>Internship 1.</b> Completes case assessments for each case that take into account multiple systemic levels; able to assess level of risk and seek help as needed. Routinely identifies areas of resilience.</p>	<p><b>Internship 2.</b> Draws on observation and formal assessments to formulate systemic hypotheses that connect to goals, diagnoses, and intervention, including management of risks and crises and relevant DSM diagnoses.</p>	<p><b>Internship 3.</b> Regularly Integrates multiple levels of analysis and theories in conceptualizing and managing a case (biological, sociological, interpersonal, spiritual, etc.), including areas of resilience and relevant DSM diagnoses.</p>	<p><b>Internship 4.</b> Demonstrates integrated case conceptualization across multiple levels of analysis that guides in-session clinical decisions and case management</p>
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5. **Multiple Systems** (understand and work along-side other recovery-oriented behavioral health services; develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers. Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present; respect multiple perspectives) SLO 4.2

<p><b>Internship 1.</b> Aware of scope of practice of MFTs and identifies other persons and professionals significant to the case.</p>	<p><b>Internship 2.</b> Practices within scope of MFT, makes appropriate referrals, and attends to other stakeholders, whether or not present.</p>	<p><b>Internship 3.</b> Recognizes own clinical contributions within an interdisciplinary system of care; engages family members and other significant persons.</p>	<p><b>Internship 4.</b> Works collaboratively with other all other stakeholders as they intersect in client care.</p>
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8. **Research** (using knowledge of current MFT and other research and ability to critique qualitative and quantitative research to inform clinical practice; discern the implications of the sociopolitical context within which research is produced and applied; draw on the research literature relevant to family therapy in case planning, and seeks opportunities to participate in research and evaluate own practice. SLO 3.2 & 4.2

<p><b>Internship 1.</b> Shows interest in determining relevance of research to own practice.</p>	<p><b>Internship 2.</b> Seeks opportunities to read and/or participate in research and begins to apply to own practice.</p>	<p><b>Internship 3.</b> Critically evaluates research related to the family therapy and integrates into case planning.</p>	<p><b>Internship 4.</b> Critically uses research to improve and evaluate own practice.</p>
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**9. Self of the Therapist** (monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct; monitor personal reactions to clients and treatment process; self-reflection on the implications of own and other's social location in clinical practice). SLO 2.1 & 4.2

<p><b>Internship 1.</b> Open to feedback from other students, clients, and supervisors and uses it positively.</p>	<p><b>Internship 2.</b> Is aware of how own values, ideas, and social position influence therapy and seeks consultation to increase self-awareness.</p>	<p><b>Internship 3.</b> Is aware of implications of own and other's social location during therapy sessions</p>	<p><b>Internship 4.</b> Draws on consciousness of social context and self-awareness to flexibly respond to complex clinical issues.</p>
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**10. Social Justice Advocacy** (demonstrate awareness and sensitivity to issues of power and privilege as they relate to therapist and client intersecting identities and social roles; maintain humility; use privilege to promote social equity; dedication to social justice and global citizenship) SLO 2.2, 4.2., & 4.3

<p><b>Internship 1.</b> Articulates and applies systemic social justice principles in case planning and supervision.</p>	<p><b>Internship 2.</b> Demonstrates cultural humility and emphasizes client strengths and choice in case conceptualization, treatment planning, and obtaining needed services.</p>	<p><b>Internship 3.</b> Explores own use of power and privilege as they relate to therapist roles and development, intersect with client identities and roles, and foster global citizenship.</p>	<p><b>Internship 4.</b> Uses privilege collaboratively with client(s), agencies, family members, and other systems to empower and promote social equity and client interests.</p>
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**11. Legal/Ethical Practice** (know and follow the AAMFT Code of Ethics, standards of practice, and State Laws and regulations for the practice of marriage/couple and family therapy; understand the legal requirements and limitations, as well as case management issues, for working with vulnerable populations; provide competent service according to the AAMFT code of ethics and core competencies; understand and use appropriate processes for making ethical decisions; seek guidance from supervisors). SLO 4.1 & 4.2

<b>Internship 1.</b> Knows legal, ethical, and professional standards of practice that apply to MFT.	<b>Internship 2.</b> Can apply ethical, legal, and professional standards of practice appropriately in therapy.	<b>Internship 3.</b> Expands ethical awareness and professional responsibility to include gender, culture, SES, power, and privilege.	<b>Internship 4.</b> Has developed a process for addressing ethical issues in case conceptualization/management and professional responsibility.
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12. **Professionalism** (recognize when clinical supervision or consultation is necessary; consult with supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work; utilize supervision effectively; integrate supervisor/team communications into treatment; set appropriate boundaries, manage issues of triangulation, utilize time management skills, and develop collaborative working relationships; maintain complete, relevant case notes in a timely manner; complete all required paperwork, letters, contacts, etc. in a professional and timely manner; contact referral sources/other professionals involved in a timely manner and sharing relevant information; maintaining a professional image, professional boundaries, and positive relationships with colleagues). SLO 4.2

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