

LEWIS & CLARK COLLEGE

GRADUATE SCHOOL OF EDUCATION AND COUNSELING

MCFT 582-81 Internship in Marriage, Couple, and Family Therapy SUMMER 2019

Time & Day: 4-5:15 pm Tuesdays (May 7 – August 13)
 Location: Rogers Hall 219
 Instructor: Jessica Thomas, PhD, LMFT
 Office Hours: Thursdays 9 am -12 pm (please email to schedule an appointment)
 Rogers Hall 330
 Phone: jessicathomas@lclark.edu

CATALOG DESCRIPTION

Supervised practice 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: 1 semester hour.

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.

SUGGESTED TEXTS

Becvar, D.S. & Becvar, R.J. (2000). *Family therapy: A systemic integration*. Boston: Allyn & Bacon. ISBN 978-0205168132

Cecchin, G. (1987). Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity. *Family Process*, 26, 405-413. doi:10.1111/j.1545-5300.1987.00405.x

Combs, G. & Freedman, J. (1990). *Symbol, story, & ceremony: Using metaphor in individual and family therapy*. New York: Norton. ISBN-13: 978-0-393-33499-9

Fisch, R., Weakland, J. H., & Segal, L. (1982). *The tactics of change: Doing therapy briefly*. San Francisco: Jossey-Bass. ISBN-13: 978-0875895215

- Flemons, D. G. (1991). *Completing distinctions: Interweaving the ideas of Gregory Bateson and Taoism into a unique approach to therapy*. Boston, MA: Shambhala. ISBN: 1-57062-669-3
- Gehart, D. (2016). *Theory and treatment planning in family therapy: A competency-based approach*. Boston, MA: Cengage Learning. ISBN-13: 978-0840028600
- Johnson, S. (2002). *Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds*. New York, NY: Guilford Press. ISBN: 1-59385-165-0
- Keating, A. (2019). From status-quo stories to post-oppositional transformation. *Tikkun Magazine*, 34(1), 85-91.
- Knudson-Martin, C., Wells, M.A., & Samman, S. K. (2015). *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction*. New York, NY: Springer. ISBN: 978-3-319-13398-0
- Madigan, S. (1996). The politics of identity: Considering community discourse in the internalizing of internalized problem conversations. *Journal of Systemic Therapies*, 15(1), 47-62.
- Minuchin, S., Reiter, M.D., & Borda, C. (2014). *The craft of family therapy*. New York, NY: Routledge. ISBN 978-415-70812-8
- Penn, P. (1985). Feed-forward: Future questions, future maps. *Family Process*, 24, 299-310. doi:10.1111/j.1545-5300.1985.00299.x
- Tomm, K. (1987). Interventive interviewing: Part II. Reflexive questioning as a means to enable self-healing. *Family Process*, 26, 167-183. Doi:10.1111/j.1545-5300.1987.00167.x
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W.W. Norton. ISBN-13: 860-1419312795

COURSE DESCRIPTION

This course 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.

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) Supervision

- Let your supervisor know 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)

4) Professional Practice

- Adhere to all policies, procedures, and expectations at each clinical site.

- Maintain complete and timely case notes.
- Maintain professional image and relationships.

5) Reflective Case Analysis.

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

6) Documentation

- **All monthly summaries of client contact and supervision hours must also be approved by the course instructor each month and submitted to the CPSY office.**
- **In order to receive credit for this course, you must review your off-site community supervisor's evaluation of your clinical work with your MCFT 582 course instructor prior to the final class meeting. You must then upload to Taskstream copies of both supervisors' evaluation of your work and a goals and signature page for each.**

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. Participate in all class meetings and fully engage in course readings, case discussions, and all class and clinical activities.

2. Readings. Engage in self-directed reading to support, enhance, and expand your clinical and theoretical knowledge. As you read articles and texts to generate clinical ideas, 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. Reviewing your own practice and share in reviewing colleagues' cases

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

B. Complete an in-depth analysis of clinical sessions using a theoretical lens of your choosing.

- Explore the following self-supervisory questions: What stands out to you? What are you puzzled by? What are you most curious about? What do you feel challenged or frustrated by? What do you appreciate and view as a strength? How are you impacted by the case?
- Select at least one segment that was particularly informative to you (could be something that worked or something that didn't). Reflect on the outcome of your approach in session and reflect on what you might continue about your current approach, as well as how you might work differently. For example, if you provided reflective statements, how could you have asked process questions instead? If you named societal discourses, could you have used deconstructive questioning instead? If you affirmed strengths, could you have used more attunement to lean into the pain instead?
- Present a brief presentation of your case (10 mins. minimum) and identify a question/dilemma/curiosity you would like your colleagues to explore with you.

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.

NON-DISCRIMINATION POLICY

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.

SPECIAL ASSISTANCE/ACCOMMODATIONS

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 from 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

MEETING SCHEDULE

Date	Topic/Presentations
5/7	Introductions, theoretical orientation, & self of the therapist
5/14	Check-ins, pre-brief, & debrief cases
5/21	Check-ins, pre-brief, & debrief cases Keating article - all
5/28	Check-ins, pre-brief, & debrief cases Reading – open/TBD
6/4	Check-ins, pre-brief, & debrief cases Open case consultation/presentation
6/11	Check-ins, pre-brief, & debrief cases Open case consultation/presentation
6/18	Check-ins, pre-brief, & debrief cases Open case consultation/presentation Final signatures, evaluations, goals sheets
6/25-8/13	Check-ins, pre-brief, & debrief cases Open case consultation/presentation Final signatures, evaluations, goals sheets

EXPECTED CLINICAL SKILLS

By the end of the term, you will be expected to demonstrate the skills listed under Internship 2.

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

Internship 1. Seeks to understand and empathize with each person's perspective.	Internship 2. Joins and maintains connection with all members in the relationship system, including those who may not be present.	Internship 3. Recognizes societal influences on therapeutic alliance and seeks to engage silenced or overlooked voices and perspectives.	Internship 4. 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

Internship 1. Follows basic clinical and procedures, documents appropriately, and obtains measurable goals in collaboration with client.	Internship 2. Attends to impact of larger relational systems and considers who best to involve; Organizes flow of the session; goals are related to interventions.	Internship 3. Interventions regularly reflect a plan to attain goals; Works with clients to establish and review systemic goals and outcomes; Engages relevant systems & relationships.	Internship 4. 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

Internship 1. Is developing a systemic lens to expand presenting issues and content to hypotheses regarding interaction patterns and relational and socio-	Internship 2. 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.	Internship 3. 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.	Internship 4. 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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contextual processes.			
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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

Internship 1. Applies techniques from at least one systemic therapy approach.	Internship 2. Uses a variety of clinical skills, and is beginning to connect them to a clear overall focus or systemic rationale.	Internship 3. Expanded intervention skill set; Emerging ability to link skills to overall systemic approach; recognizes larger context issues and applies appropriate interventions.	Internship 4. 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

Internship 1. Identifies own cultural biases and assesses relevant larger systems issues.	Internship 2. Recognizes issues of justice and power in session and attempts to respond to these in systemic treatment planning.	Internship 3. Sessions expand contextual awareness & counteract societal inequities; increased ability to integrate attention to larger systems issues with family therapy models.	Internship 4. 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

Internship 1.	Internship 2.	Internship 3.	Internship 4.
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.	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.	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.	Demonstrates integrated case conceptualization across multiple levels of analysis that guides in-session clinical decisions and case management

7. **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

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Aware of scope of practice of MFTs and identifies other persons and professionals significant to the case.	Practices within scope of MFT, makes appropriate referrals, and attends to other stakeholders, whether or not present.	Recognizes own clinical contributions within an interdisciplinary system of care; engages family members and other significant persons.	Works collaboratively with other all other stakeholders as they intersect in client care.

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

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Shows interest in determining relevance of research to own practice.	Seeks opportunities to read and/or participate in research and begins to apply to own practice.	Critically evaluates research related to the family therapy and integrates into case planning.	Critically uses research to improve and evaluate own practice.

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

Internship 1. Open to feedback from other students, clients, and supervisors and uses it positively.	Internship 2. Is aware of how own values, ideas, and social position influence therapy and seeks consultation to increase self-awareness.	Internship 3. Is aware of implications of own and other's social location during therapy sessions	Internship 4. Draws on consciousness of social context and self-awareness to flexibly respond to complex clinical issues.
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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

Internship 1. Articulates and applies systemic social justice principles in case planning and supervision.	Internship 2. Demonstrates cultural humility and emphasizes client strengths and choice in case conceptualization, treatment planning, and obtaining needed services.	Internship 3. 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.	Internship 4. Uses privilege collaboratively with client(s), agencies, family members, and other systems to empower and promote social equity and client interests.
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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

Internship 1. Knows legal, ethical, and professional standards of practice that apply to MFT.	Internship 2. Can apply ethical, legal, and professional standards of practice appropriately in therapy.	Internship 3. Expands ethical awareness and professional responsibility to include gender, culture, SES, power, and privilege.	Internship 4. 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

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