Lewis & Clark Graduate School of Education and Counseling



"We are a community that commits itself to diversity and sustainability as dimensions of a just society"

- Mission Statement, Lewis & Clark College

# MCFT 582 INTERNSHIP IN MARRIAGE, COUPLES, AND FAMILY THERAPY SUMMER 2020

Time & Day:	Tuesdays (5/5-7/7; 5:30 PM to 6:45 PM)	Place:	Virtually, via Zoom
Instructor:	Wonyoung L. Cho, PhD, LMFT		
<b>Office Hours</b> :	Monday, 10 AM - 12 PM or by appointment	Office:	Rogers 425
E-Mail:	wonyoungcho@lclark.edu	Phone:	503-768-6185

# **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.

Prerequisite:NoneRestrictions:Consent of program clinical directorCredit:1 semester unit

# MCFT STUDENT LEARNING OUTCOMES

This course promotes the following 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.

#### **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**

At the end of this course, students are expected to:

- 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.

#### **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 makeup work.

**SUGGESTED TEXTS** (articles may be downloaded through the library)

- Davis, S. D. & Hsieh, A. L. (2019). What Does it Mean to be a Common Factors Informed Family Therapist? *Family Process*, 58(3), 629-640.
- Dickerson, V. (2010). Positioning Oneself Within an Epistemology: Refining Our Thinking About Integrative Approaches. *Family Process*, *49*(3), 349-368.
- Fraenkel, P. (2009). The Therapeutic Palette: A Guide to Choice Points in Integrative Couple Therapy. *Clinical Social Work Journal*, *37*(3), 234-247.
- Gehart, D. R. (2017). *Mastering competencies in family therapy: A practical approach to theory and clinical case documentation* (3rd ed.). Cengage Learning

# COURSE OBJECTIVES, STUDENT LEARNING OUTCOMES, AND EVALUATION ACTIVITIES

Course Objective	MCFT	AAMFT Core Competencies	Evaluated by
	Student Learning	& AMFTRB task statements	
	Outcomes		
1. Apply their developing	SLO 1.3	CC 1.1.1; CC 1.1.2; CC 1.3.1;	Reflective Case
skills and understanding of	SLO 3.2	CC 2.1.1; CC 2.1.2; CC 2.1.4;	Analysis
systemic clinical processes	SLO 4.1	CC 2.1.7; CC 2.2.3; CC 2.3.1;	Case
to treatment planning and	SLO 4.2	CC 2.3.6; CC 2.3.7; CC 2.4.2;	Documentation
practice of marriage,	SLO 4.3	CC 3.1.1; CC 3.2.1; CC 3.3.1;	Externship
couple, and family		CC 3.4.5; CC 4.1.1; CC 4.1.2;	Evaluations
therapy.		CC 4.3.8; CC 4.4.1; CC 4.5.1;	
		CC 4.5.3; CC 5.1.1; CC 5.1.2;	
		CC 5.1.4; CC 5.2.1; CC 5.2.2;	
		CC 5.3.8; CC 5.4.1; CC 5.4.2;	
		CC 5.5.2; CC 6.1.1; CC 6.3.1;	
		CC 6.3.2; CC 6.4.1	
		TS 01.01; TS 01.02; TS	
		01.04; TS 01.05; TS 01.06;	
		TS 02.02; TS 02.21; TS	
		02.30; TS 03.04; TS 04.01	

2. Engage in self- reflection and supervision practices that facilitate development of clinical skills.	SLO 2.1 SLO 2.2	CC 1.1.3; CC 1.2.1; CC 1.2.2; CC 1.3.1; CC 2.1.4; CC 2.1.6; CC 2.3.1; CC 2.3.7; CC 2.3.8; CC 3.4.5; CC 4.1.1; CC 4.1.2; CC 4.3.2; CC 4.3.8; CC 4.4.1; CC 4.4.1 CC 4.4.6; CC 4.5.1; CC 4.5.3; CC 5.1.4; CC 5.2.2; CC 5.5.2 TS 01.04; TS 01.05; TS 02.06; TS 02.08; TS 02.18; TS 03.11; TS 03.23; TS 05.09; TS 06.04	Participation Reflective Case Analysis
3. Integrate family therapy theory, equity, and social location issues in clinical practice.	SLO 2.2 SLO 4.1 SLO 4.2 SLO 4.3	CC 1.1.1; CC 1.1.2; CC 1.1.3; CC 1.2.1; CC 1.3.1; CC 2.1.1; CC 2.1.4; CC 2.1.6; CC 2.2.3; CC 2.3.1; CC 2.3.6; CC 2.3.7; CC 2.3.8; CC 3.1.1; CC 3.2.1; CC 3.3.1; CC 3.4.5; CC 4.1.1; CC 4.1.2; CC 4.3.2; CC 4.3.8; CC 4.4.1; CC 4.4.6; CC 4.5.1; CC 4.5.3; CC 5.1.1; CC 5.1.2; CC 5.1.4; CC 5.2.1; CC 5.2.2; CC 5.4.1; CC 5.4.2; CC 5.5.2; CC 6.1.1; CC 6.3.2; CC 6.4.1 TS 01.01; TS 01.02; TS 01.04; TS 01.05; TS 01.06; TS 02.01; TS 02.02; TS 02.06; TS 02.08; TS 02.18; TS 02.20; TS 02.30; TS 03.04; TS 03.11; TS 03.23; TS 05.09	Reflective Case Analysis Case Documentation
4. Demonstrate ethical clinical judgment in consultation with supervisor and practicum group.	SLO 2.2 SLO 3.2 SLO 4.1	CC 1.1.3; CC 1.2.1; CC 1.3.1; CC 2.1.2; CC 2.1.4; CC 2.1.6; CC 2.1.7; CC 2.3.1; CC 2.3.7; CC 2.3.8; CC 3.1.1; CC 4.1.1; CC 4.1.2; CC 4.3.2; CC 4.3.8; CC 4.4.1; CC 4.4.6; CC 4.5.3; CC 5.1.1; CC 5.1.2; CC 5.1.4; CC 5.2.1; CC 5.2.2; CC 5.3.8; CC 5.4.2; CC 5.5.2; CC 6.1.1; CC 6.3.1; CC 6.3.2	Participation

	TS 01.04; TS 01.05; TS 02.06; TS 02.08; TS 02.18; TS 02.20; TS 03.11; TS	
	03.23; TS 04.01; TS 05.09	

# **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, MCFT 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 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 clinical practice: Case presentation

- A. Review video of your clinical work on a weekly basis.
- B. Complete at least one in-depth analysis of clinical sessions using a theoretical lens of your choosing. Outline for this assignment will be provided separately.

#### **COURSE SCHEDULE** (Subject to change as needed)

5/5	Introductions and Orientation to practicum
	Reading due: Syllabus
5/12	Check-ins and debrief cases
	Video Presentation & theoretical analysis:
5/19	Check-ins and debrief cases
	Video Presentation & theoretical analysis:
5/26	Check-ins and debrief cases
	Video Presentation & theoretical analysis:
6/2	Check-ins and debrief cases
	Video Presentation & theoretical analysis:
6/9	Check-ins and debrief cases
	Video Presentation & theoretical analysis:
6/16	Check-ins and debrief cases
	Video Presentation & theoretical analysis:
6/23	REVIEW EXTERNSHIP EVALUATIONS & GOAL SHEETS
	Check-ins and debrief cases
6/30	REVIEW EXTERNSHIP EVALUATIONS & GOAL SHEETS
	Check-ins and debrief cases
7/7	ALL CLINICAL PAPERWORK DUE – SUBMIT TO CPSY OFFICE AND UPLOAD TO TASKSTREAM
	Last Class

## **EVALUATION & GRADING**

*Grade is Credit/NoCredit.* 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

#### **LEWIS & CLARK GSEC POLICIES**

This course adheres to the general policies outlined in the catalog and student handbook of the Lewis & Clark Graduate School of Education and Counseling. This includes full adherence to the following policies:

- Nondiscrimination: go.lclark.edu/gsec-nondiscrimination;
- Standards for professional student conduct and academic integrity: <u>go.lclark.edu/gsec-</u><u>conduct</u>;
- Sexual misconduct: <u>go.lclark.edu/titleIX</u>.

If you have any questions regarding these policies, please speak to your instructor for clarification.

#### **DISABILITY SERVICES STATEMENT**

If you require academic accommodations please contact the Student Support Services Office in Albany Quadrangle (503-76-7192 or access@lclark.edu). Once you complete the intake process and the Accommodations Agreement, you may Request to Send your Accommodations Letter. Student Support Services staff will then notify faculty of the accommodations for which you are eligible.

#### DISCLOSURE OF PERSONAL INFORMATION

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.

## **COMMUNICATION POLICY**

Most e-mails will be answered within 48-hours, with the exception of weekends. You should work proactively and look ahead to make sure any concerns and questions are given enough time for a response.

## 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	Internship 2. Joins and maintains	Internship 3. Recognizes societal influences on	Internship 4. Skillfully manages
with each person's perspective.	connection with all members in the relationship system, including those who may not be present.	therapeutic alliance and seeks to engage silenced or overlooked voices and perspectives.	relationship with family members to counteract societal power imbalances and facilitate their engagement with each other.

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

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.	Internship 2.	Internship 3.	Internship 4.
Is developing a systemic	Able to distinguish process	Regularly recognizes and	Consistently recognizes
lens to expand presenting	from content in session;	focuses on patterns of	the interconnections
issues and content to	Recognizes issues related	interaction and considers	among biological,
hypotheses regarding	to social justice and cultural	how these relate to larger	psychological, and social
interaction patterns and	democracy. Reflects on	societal processes.	systems, including the
relational and socio-	own role in the therapeutic	Observes impact of self in	impact of power on the
contextual processes.	process.	the therapeutic process.	presenting issues and own
			role in the therapeutic
			system.

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.	Internship 2.	Internship 3.	Internship 4. Uses a variety
Applies techniques from at	Uses a variety of clinical	Expanded intervention skill	of skills to achieve specific
least one systemic therapy approach.	skills, and is beginning to connect them to a clear overall focus or systemic	set; Emerging ability to link skills to overall systemic approach; recognizes larger	systemic goals; consistently attuned to client's unique social location
	rationale.	context issues and applies	
		appropriate interventions.	

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

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	Draws on observation and	Regularly Integrates multiple	Demonstrates
assessments for each case	formal assessments to	levels of analysis and theories	integrated case
that take into account	formulate systemic hypotheses	in conceptualizing and	conceptualization
multiple systemic levels;	that connect to goals,	managing a case (biological,	across multiple levels
able to assess level of risk	diagnoses, and intervention,	sociological, interpersonal,	of analysis that
and seek help as needed.	including management of risks	spiritual, etc.), including areas	guides in-session
Routinely identifies areas	and crises and relevant DSM	of resilience and relevant DSM	clinical decisions and
of resilience.	diagnoses.	diagnoses.	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. Works
Aware of scope of practice	Practices within scope of	Recognizes own clinical	collaboratively with other
of MFTs and identifies	MFT, makes appropriate	contributions within an	all other stakeholders as
other persons and	referrals, and attends to	interdisciplinary system of	they intersect in client care.
professionals significant to	other stakeholders,	care; engages family	
the case.	whether or not present.	members and other	
		significant persons.	

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

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

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

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.	Internship 2.	Internship 3.	Internship 4.
Articulates and applies	Demonstrates cultural	Explores own use of power	Uses privilege
systemic social justice	humility and emphasizes	and privilege as they relate	collaboratively with
principles in case planning	client strengths and choice	to therapist roles and	client(s), agencies, family
and supervision.	in case conceptualization,	development, intersect	members, and other
	treatment planning, and	with client identities and	systems to empower and
	obtaining needed services.	roles, and foster global	promote social equity and
		citizenship.	client interests.

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.	Internship 2.	Internship 3.	Internship 4.
Knows legal, ethical, and	Can apply ethical, legal, and	Expands ethical awareness	Has developed a process
professional standards of	professional standards of	and professional	for addressing ethical
practice that apply to MFT.	practice appropriately in	responsibility to include	issues in case
	therapy.	gender, culture, SES,	conceptualization/
		power, and privilege.	management and
			professional responsibility.

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

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