

Graduate School of Education and Counseling Lewis & Clark College
MCFT 541-03: Systemic Assessment & Treatment Planning in MFT

Fall 2023 (2 credits) - In Person

Day & Time: Tuesdays 1:00 pm - 4:00 pm PST (10 weeks: Sept 12 through Nov 14)
updated

In-Person Location: York 101

Office hours: By appointment only & via Zoom only: <https://zoom.us/j/98567677300>

Zoom Link for Class in case: <https://zoom.us/j/99393319150>

Instructor: Gianna Russo-Mitma (*she/her/hers*), LMFT, giannar@lclark.edu (I only answer emails Mon-Thurs because *Self Care is Healthcare*)

I want to acknowledge that it's still an unknown time due to COVID-19, and the pandemic has affected us all in different ways. These are still unusual times and we are attempting new challenges everyday, so please be kind to yourself and others as we navigate class and life.

Class Structure:

We will meet synchronously as a class on Tuesdays for 10 weeks, mainly in-person. Class will usually take up the full 3 hours. The **general class structure** will be: 1 hour lecture of the topic, 1 hour introduction of a tool/case study/role play, 1 hour of workshopping/practice in small groups/dyads. We will take multiple breaks. Assignments will be turned in **on TaskStream**.

For this class, we will be reading the textbook out of order, as this class is organized around the structure of the 2014 ACA Code of Ethics.

Goals for this class: Basic understanding of ethics, critical thinking, how to consult with other professionals, how to utilize your resources, etc.

Required Texts:

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

Recommended Texts:

McDowell, T. (2015). Applying Critical Social Theories to Family Therapy Practice (p. 90). Springer.

McDowell, T., Knudson-Martin, C., & Bermudez, J. M. (2017). Socioculturally Attuned Family Therapy: Guidelines for Equitable Theory and Practice (1st ed., p. 276). Routledge.

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

Flemons, D. & Gralnik, L.M. (2013). Relational suicide assessment: Risks, resources, and possibilities for safety. New York, NY: W.W. Norton.

Gehart, D. (2014). Mastering competencies in family therapy: A practical approach to theories and clinical case documentation (2nd ed.). Belmont, CA: Brooks/Cole.

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 Watzek library or free access online.

Omer, H. & Dolberger, D. I., (2015). Helping parents cope with suicide threats: An approach based on nonviolent resistance. Family Process, 54, 559-575. <https://doi-org.library.lcproxy.org/10.1111/famp.12129>

Strong, T. (2015). Diagnoses, relational processes, and resourceful dialogs: Tensions for families and family therapy. Family Process, 54, 518-532. <https://doi-org.library.lcproxy.org/10.1111/famp.12140>

Addison, S.M., & Coolhart, D. (2015). Expanding the therapy paradigm with queer couples: A relational intersectional lens. Family Process, 54(3), 435-453. <https://doi-org.library.lcproxy.org/10.1111/famp.12171>

Akyil, Y., Prouty, A., Blanchard, A., & Lyness, K. (2016). Experiences of families transmitting values in a rapidly changing society: Implications for family therapists. *Family Process*, 55(2), 368-381. <https://doi-org.library.lcproxy.org/10.1111/famp.12163>

Malpas, J. (2011). Between pink and blue: A multi-dimensional family approach to gender nonconforming children and their families. *Family Process*, 50(4), 453-470. <https://doi-org.library.lcproxy.org/10.1111/j.1545-5300.2011.01371.x>

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. <https://library.lcproxy.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=99620142&site=ehost-live&scope=site>

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

Perez-Brena, N.J., Updegraff, K.A., & Umana-Taylor, A.J. (2015). Transmission of cultural values among Mexican-origin parents and their adolescent and emerging adult offspring. *Family Process*, 54(2), 232-246. <https://doi-org.library.lcproxy.org/10.1111/famp.12114>

Recommended Articles:

All articles may be accessed through Watzek library or free access online.

Walsh, F. (2020). Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence. *Family Process*. <https://doi.org/10.1111/famp.12588>

Cardoso, J.B., & Thompson, S.J. (2010). Common themes of resilience among Latino immigrant families: A systematic review of the literature. *Families in Society*, 91(3), 257-265. <https://doi.org/10.1606/1044-3894.4003>

Love, H.A., Frey, L.M., & D, J.A. (2019). The practice of suicide assessment and management by marriage and family therapists. *The American Journal of Family Therapy*, 48(1), 16-35. Doi:10.1080/01926189.2019.1673262.

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.

Wamboldt, M., Kaslow, N., & Reiss, D. (2015). Description of relational processes: Recent changes in DSM-5 and proposals for ICD-11. *Family Process*, 54, 6-16.

Giammattei, S.V. (2015). Beyond the binary: Trans-negotiations in couple and family therapy. *Family Process*, 54(3), 418-434.

Bairstow, A. (2017). Couples exploring nonmonogamy: Guidelines for therapists. *Journal of Sex & Marital Therapy*, 43(4), 343-353.

Aramburu Alegria, C. (2018). Supporting families of transgender children/youth: Parents speak on their experiences, identity, and views. *International Journal of Transgenderism*, 19(2), 132-143.

Harvey, R.G., & Stone Fish, L. (2015). Queer youth in family therapy. *Family Process*, 54(3), 396-417.

Campbell, A.M. (2020). An increasing risk of family violence during the COVID-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, 2, 1-3. <http://doi.org/10.1016/j.fsir.2020.100089>

Sheinberg, M., & Brewster, M. K. (2014). Thinking and working relationally: Interviewing and constructing hypotheses to create compassionate understanding. *Family Process*, 53, 618-639.

Fishbane, M.D., Goldman, N., & Siegel, J.P. (2020). Couple impasses: Three therapeutic approaches. *Clinical Social Work Journal*. <https://doi.org/10.1007/s10615-020-00764-x>

Todahl, J., Linville, D., Tuttle Shamblin, A.F., & Ball, D. (2012). Client narratives about experiences with a multicouple treatment program for intimate partner violence. *Journal of Marital and Family Therapy*, 38, 150-167.

Stith, S. M., McCollum, E. E., Amanor-Boadu, Y., & Smith, D. (2012). Systemic perspectives on intimate partner violence treatment. *Journal of Marital and Family Therapy*, 38, 220-240.

Baker, N.L., Buick, J.D., Kim, S.R., Moniz, S., & Nava, K.L. (2013). Lessons from examining same-sex intimate partner violence. *Sex Roles*, 69, 182-192.

Rentscher, K. E., Soriano, E. C., Rohrbaugh, M. J., Shoham, V., & Mehl, M. R. (2015). Partner pronoun use, communal coping, and abstinence during couple-focused intervention for problematic alcohol use. *Family Process*, 56(2), 348-363. doi: 10.1111/famp.12202

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.

Rowe, C. (2012). Family therapy for drug abuse: Review and updates 2003-2010. *Journal of Marital and Family Therapy*, 38, 59-81.

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.

Prerequisites: MCFT 504, MCFT 511, MCFT 543, and MCFT 553 **Corequisites:** CPSY 530 and CPSY 538

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 factors (i.e., 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 1.2.1; 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)

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.

CPSY Departmental Attendance Policy: Class attendance and participation is a critical factor to your success in the course. As you develop your professional identity as a counselor, I encourage you to subsume professional behaviors such as timeliness, attentiveness and engagement in the class. You are adult learners, making professional and personal decisions. I encourage you to be involved in this course participating to the best of your ability, use effective communication skills, and directly express your ideas, needs, desires, conflicts, and/or relevant learning. We will have initial and

ongoing discussions around acceptable class norms, breaks, etc. I appreciate your honest input and continued engagement in this process.

Class attendance is expected and required. It is important to note that although you will be expected to make up missed course content, any missed class time will lower your ability to earn full professional participation points and potentially jeopardize your ability to complete the requirements for this course. 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.

Student with Disabilities Policy: Lewis & Clark College is committed to serving the needs of its students with disabilities. Professional staff in the office of Student Support Services ensure that disabled students receive all of the benefits of a comprehensive selection of services, and a formal Student Disability Grievance Procedure provides prompt and equitable resolution of any complaints arising out the College's responsibilities under the ADA Amendments Act, the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and other pertinent federal, state, and local disability anti-discrimination laws. Please see the Student Support Services website for more information: http://www.lclark.edu/offices/student_support_services/rights/disability_policy/

A Word About Language: We will be discussing this more when create our class norms. Please be aware that many of your classmates come from marginalized backgrounds based on a variety of identities; they are not enrolled in this class to experience this further. If a person requests that you, or we as a group, use or not use specific terms to describe them or their family, please respect this. This is a skill that will also serve you well as you proceed through your career.

Confidentiality and Ethical Guidelines: It is expected that students will follow the ethical guidelines as defined by the American Counselors Associations (2014). Guidelines, parameters, and boundaries are implemented into assignments and class discussions. It is expected that anything presented by students during class presentations, assignments and discussions will **remain absolutely confidential**. Failure to follow these guidelines may result in failure of the class.

Evaluation of Professional Qualities: Each student will be evaluated in the areas of demonstration of self-awareness, ethical considerations, effectiveness of oral and written communication, and openness to feedback. This includes the expectation for timely submission and **completion of all assignments** as well as a respectful and earnest attitude towards classmates, instructor, and future clients. Judgments about what constitutes satisfactory performance will be made by the class instructor which if not satisfactory might result in an incomplete or failure of the class. If there are concerns

about a student's work a meeting with the instructor will be scheduled to discuss the dynamics and potential outcomes during the course of the semester.

Disclosure of Personal Information: Each student should decide for themselves 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.

L&C Essential 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: go.lclark.edu/gsec-conduct;
- Sexual misconduct: go.lclark.edu/titleIX.

COURSE OBJECTIVES, STUDENT LEARNING OUTCOMES, AND EVALUATION ACTIVITIES

Course Objective	MCFT Student Learning Outcomes	AAMFT Core Competencies & AMFTRB task statements	Evaluated by
1. Understand models for assessment of relational functioning.	SLO 1.3	CC 2.1.6, 2.3.1	Class participation (group discussion) Societal & Relational Assessment & Case Planning Final Case Assessment & Treatment Plan
2. Develop skills for crisis intervention and longer-term treatment planning in family therapy.	SLO 1.3		Class participation (group discussion) Final Case Assessment & Treatment Plan

3. Assess risk factors (i.e., substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others) and develop adequate safety plans	SLO 1.2 SLO 1.3	CC 2.3.5, 3.3.6, 3.4.3, 5.3.4 TS 2.15, 3.04	Class participation (group discussion) Final Case Assessment & Treatment Plan
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.	SLO 1.1 SLO 1.3 SLO 2.2 SLO 3.1	CC 2.1.6	Class participation (group discussion) Final Case Assessment & Treatment Plan
5. Assess bio-psycho-social-spiritual history and socioeconomic context to identify clients' strengths, resilience, and resources.	SLO 1.2	CC 2.3.6, 2.3.7 TS 2.18, 2.19	Societal & Relational Assessment & Case Planning Final Case Assessment & Treatment Plan
6. Develop treatment plans that integrate DSM diagnosis into a systemic case conceptualization.	SLO 1.3 SLO 2.2	CC 2.1.4 TS 2.14	Final Case Assessment & Treatment Plan
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).	SLO 1.3 SLO 2.2	CC 1.2.1 TS 2.19	Final Case Assessment & Treatment Plan

8. Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.	SLO 1.1 SLO 1.2 SLO 2.2	CC 2.2.3 TS 2.01	Societal & Relational Assessment & Case Planning Final Case Assessment & Treatment Plan
9. Apply current research and evidence-based practice to systemic treatment planning.	SLO 3.1 SLO 3.2		Societal & Relational Assessment & Case Planning Final Case Assessment & Treatment Plan
10. Demonstrate effective and systemic assessment techniques and strategies.	SLO 1.3	CC 2.3.3. TS 1.02	Class participation (group discussion) Societal & Relational Assessment & Case Planning Final Case Assessment & Treatment Plan
11. Link treatment planning to specific MCFT theories.	SLO 1.3		Final Case Assessment & Treatment Plan
12. Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes.	SLO 2.2	TS 3.05	Class participation (group discussion) Societal & Relational Assessment & Case Planning Final Case Assessment & Treatment Plan

Assignments

ASSIGNMENT	POINTS
Attendance & Participation	10
Societal & Relational Assessment & Case Plan	50
Family Assessment Tool Group Presentation	30
Final Case Assessment & Treatment Plan	60
TOTAL	150

Grading Scale (Total possible: 100%):

93-100 = A; 90-92 = A-; 87-89 = B+; 83-86 = B; 80-82 = B-; 77-79 = C+; 73-76 = C; 70-72 = C-; 60s range = D; 59 & below = F

* According to the Graduate School policy, grades lower than B- may not apply towards graduation. Students earning a C+ or lower will need to repeat the course.

1. **Attendance & Participation** (10 points)

This course emphasizes shared engagement with the assigned readings, class discussions, and in-class activities. Toward this end, you are expected to:

- Attend and actively participate in all scheduled class meetings. This includes being on time, coming to class having completed the readings for the day, giving attention to the instructor and/or other students when they are speaking or making a presentation, and engaging in group discussions.
- 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 and curious about different worldviews encourages a collaborative milieu of care in which we can all challenge ourselves and one another to critically examine and develop new skills and perspectives.
- Please put your cell phones on silent or vibrate mode to reduce the distraction to your classmates and instructor. Also, do not view text messages during class. Also, in order to facilitate a climate of learning and to reduce the distractions for yourself and others, please refrain from engagement in social media or other personal business. On-going use of cell phones and other media unrelated to the course, during class, will negatively reflect in your final grade.
- In the event that you must miss a class, please email the instructor to discuss the potential of any make-up assignments.
- For questions related to COVID-19 protocol, please refer to the [COVID-19 Response page](#) or email COVID19info@lclark.edu to consult

- **NOTE: This grade includes: Ongoing participation with your group for the Progressive Case Analysis (PCA)** - For this activity, you will work in pre-assigned groups where you will have opportunities to meet with your group members during certain classes. Together, you will work to analyze and respond to a progressive case study (meaning: a case study that changes and expands over time with the same client/family). With each meeting you will be given that week's "session" information **with** questions to discuss with your group, **and** you will complete an assessment & treatment plan with this "client(s)". You will have time in class for discussing, writing, and role playing these.

CLASS PARTICIPATION COMPETENCIES	Possible points
Prompt and dependable presence in the class.	2
Prepares for class by immersing self in course readings and reflecting on its application to practice.	3
Engages in course activities with a spirit of openness and curiosity.	3
Helps to create an atmosphere of safety and mutual respect among all class members.	2
TOTAL	10

2. Family Assessment Tool Group Project WEEK 3 (30 points)

This assignment is designed to introduce students to four of the well-known formal family assessment tools in the field – the Beavers Systems, the FACES, the FAD, and the FOO. Students will work in pre-assigned groups, and each group will be assigned a different family assessment tool.

Due on Moodle: Groups will submit 1) their own designed assessment tool, as well as 2) a copy of the assigned assessment tool that they each took and scored individually.

The instructor will share the group-designed assessment tools with the class via Moodle.

Groups will be responsible for the following due in Week 3:

1. Giving a 10-15 minute presentation in class (not recorded) to the class that describes the tool's theoretical foundations, uses and applications, and how to score it.

2. Designing your own assessment “tool” – or rather a list of questions – by taking what’s helpful from the tool and integrating what you believe might be missing. Please take into account the larger social context factors and aspects of diversity and human difference that are not in the tool and integrate them into your revised version.
3. Conducting a mock assessment session (20-25 minutes) to the class using the tool you have created.

Rubric:

COMPETENCIES	Possible points
Class presentation about the tool	10
Designing own assessment tool	10
Mock assessment session	10
TOTAL	30

3. Expanding the Lens: Societal & Relational Assessment & Case Conceptualization (50 points) - via Taskstream

A. Watch the documentary “Meet the Patels.” (A copy of the DVD has been placed on reserve at Watzek library. However, it is also available online on YouTube as a YouTube movie, iTunes, Amazon video, and Netflix). After viewing the documentary, imagine the following case: Geeta has brought her mother, Champa, in to see you. Geeta is worried about her mom and reports that she has become increasingly irritable and withdrawn over the past month. She reports that her mother has been experiencing insomnia, chronic headaches, and has been losing interest in social activities. She casually mentions that there has been some unresolved conflict in the family.

B. Acknowledging that there are many ways in which one could define the presenting problem and think about this case, write a case conceptualization and develop three treatment goals. Draw from course readings, course discussions, and relevant research to inform your work. Include the following:

1. Description of the presenting problem.
2. Background to the presenting problem.

3. A biopsychosocial spiritual analysis about the potential biological, psychological, social (relational factors and contextual), and spiritual factors that might be influencing the presenting problem. Use this framework to link individual and family patterns to larger contexts, and discuss how these bear on the presenting problem. That is, explain the family's structure, relational dynamics, interaction patterns, and strengths in the context of racial and cultural identity, gender identity and roles, migration status, cultural ideology, socioeconomic status, social capital in a dominant white society, privilege/marginalization, etc.
4. DSM diagnosis that is systemically integrated.
5. Systemic hypothesis of the presenting problem.
6. Develop 3 treatment goals based on your case conceptualization above. Cite relevant research, particularly from family therapy journals, to support your work. Your integration of research should demonstrate an awareness of the sociopolitical context of research.

Expected page length: 6-8 double-spaced pages.

Rubric:

CASE PRESENTATION				
	Unacceptable (0-3)	Below Expected (4-7)	Expected/ Exemplary	Total Points (out of 10)
Assessment considers interconnections among biological, psychological, and social	Issues and behaviors lack biopsychosocial framework and are described individually without awareness	Sociocultural context is identified, but individual and family patterns lack biopsychosocial	The link between individual and family patterns with larger sociocultural contexts is clearly explained through	
DSM diagnosis is integrated into systemic context.	Diagnosis is incomplete or not systemically	DSM diagnosis is complete but not appropriate or	Diagnosis is complete, appropriate, and	
A systemic hypothesis is stated.	Systemic hypothesis is not clearly defined or focuses on individual problems and	Systemic hypothesis includes systems/relational processes but is not clearly	Systemic hypothesis includes relationship patterns, their bearing on the	

Application of research to case assessment and treatment goals takes into account the sociopolitical	Research is identified with little or no analysis of the context in which it was produced or how it applies to this	Research is summarized and applied with limited awareness of sociopolitical context of the issues and	Implications of relevant research are analyzed socio-contextually with rationale for how the literature	
Case conceptualization and treatment goals are written clearly, concisely, and demonstrate	Case conceptualization and treatment goals do not meet the standards of graduate level writing and does	Case conceptualization and treatment goals are written clearly and concisely, but analytic thinking	Case conceptualization and treatment goals are written clearly and concisely, and strong analytic	

4. Final Case Assessment & Treatment Plan (60 points) - via Taskstream

For this assignment, think of a presenting issue that is of interest to you and **you create a case vignette** that illustrates the symptoms and relational and societal contexts surrounding the problem. Possible topics to build your vignette around might be: depression, anxiety, post-traumatic stress disorder (PTSD), intimate partner violence (IPV), infidelity, divorce and co-parenting problems, parent-child relational problems, partner relational problems, etc. The case you construct may be one you have observed or are familiar with, one drawn from the literature, one you make up, or a combination of these. Alternatively, you may use one of the cases we discussed in class. If you draw from a real case, remember to change all names and identifying information to protect confidentiality.

Write up a case assessment and treatment plan. Use the following as headings:

- Name(s) and demographic information (discuss social location) of client(s). Include genogram if you desire.
- Presenting problem. Referral source. How is the presenting concern a problem and for whom?
- Risk assessment (addresses any relevant medical issues, crisis issues, suicidal risk, substance use, child/dependent adult/elder abuse, and partner violence)
- Family history and social stressors
- Influence of sociocultural context on the clients and therapeutic problem at hand

- f) DSM-5 diagnosis (Discuss the issue in relation to the DSM-V and consider the relational and systemic contexts related to the client's problem).
- g) Systemic hypothesis (Discuss your conceptualization of the presenting issue from a systems/relational perspective. Refer to the rubric at the end of the syllabus for additional information).
- h) Summary of research on relevant treatment approaches and/or assessment instruments and tools that might be used (no more than 3 paragraphs). Literature review must include family therapy journals, but can also include other related literature. Analyze the research from a socio-contextual perspective. Discuss how it informs treatment planning or critique its applicability in light of the contexts in which the various research findings were developed.
- i) Treatment plan that includes 3 treatment goals and at least 3 therapeutic approaches. Your work should demonstrate links between assessment/ conceptualization, treatment goals, and treatment plan. Provide a rationale for your thinking.

Write clearly, concisely, and demonstrate analytic thinking. Consciously avoid use of pathologizing language. Assignment should be between 8-10 double spaced pages, including title page and references.

Rubric:

	Unacceptable (0-3)	Below Expected (4-7)	Expected/ Exemplary	Total Points (out of 10)
Ability to integrate DSM diagnosis into	Diagnosis is incomplete or not systemically	DSM diagnosis is complete but not appropriate or	Diagnosis is complete, appropriate, and	
Individual and family patterns are assessed within familial and sociocultural context	Issues and behaviors are described individually without attention to familial context	Sociocultural context is identified, but individual and family patterns are not well linked to	The link between individual and family patterns with larger sociocultural contexts is clearly	

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	Interpersonal interactions that maintain problems as well as those with healing potential are identified.	
Systemic hypothesis and related treatment goals are identified.	Systemic hypothesis is not clearly defined or focuses on individual problems and concerns and/or clear systemic treatment goals not	Systemic hypothesis includes systems/ relational processes but is not clearly articulated and/or related treatment goals are not	Systemic hypothesis includes relationship patterns, their bearing on the presenting problem, and the sociocultural	
A treatment plan that considers at least 3 therapeutic approaches and includes assessment for	Treatment plan is not specific to identified treatment goals or only one possible approach is suggested.	Safety and addiction are assessed but treatment plan includes only two possible approaches or is	Safety and addiction are assessed and a treatment plan with at least 3 different possible approaches is	
Treatment plan draws on	Little or no research is	Research is identified but not	Plan is clearly linked to	

Fall 2023 Course Schedule (*subject to change)

Week & Date	Class Content	Reading Due	Assignment Due
Week 1: Sept 12	Intros & Syllabus Intro to assessment and treatment planning Biopsychosocial framework	NONE	
Week 2: Sept 19	Social location and intersectionality Discuss “Meet the Patels” considering client/therapist intersections and sociocultural attunement	Textbook: Chapter 1 Articles: Addison, S.M., & Coolhart, D. (2015) AND Perez-Brena, N.J., Updegraff, K.A., & Umana-Taylor, A.J. (2015)	Watch “Meet the Patels” by class today & come prepared to discuss it in class.
Week 3: Sept 26	Group presentations Family/Systemic Assessments: FAD, FOO/ FOS, FACES, Beavers General assessments: GAD7, PHQ9, PCL5, etc.	Textbook: Chapter 2 Article: Pandit, M. L., et al. (2014)	Group Assessment Tool Creation & Presentation
Week 4: Oct 3 Change of plans starts here	Assessment & Treatment Planning 101 Progressive Case Analysis (PCA) #1 - Start assessment & treatment plan process	Textbook: Chapter 3 Look over: General assessments on Moodle (GAD7, PHQ9, PCL5, etc.)	

Week 5: Oct 10	DSM-5 in Systems & Relational Context Theoretical orientation Informed Consent activity	Textbook: Chapters 5 & 6 Article: Strong, T. (2015)	
Week 6: Oct 17	Crisis Intervention & Safety Assessments Assessing for risk to self and others (suicide, DV/IPV, substance, ED, OCD, perinatal, etc.) Progressive Case Analysis (PCA) #2 - Continue assessment & treatment plan process	Textbook: Chapter 4 Article: Omer, H. & Dolberger, D. I., (2015)	Societal & Relational Assessment Due (based on “Meet the Patels”) (Submit on Taskstream)
Week 7: Oct 24	Relational interviewing and developing systemic assessments & treatments Genograms (regular & focused), timelines, ecomaps, EFT cycle	Textbook: Chapters 9 & 10 Article: Akyil, Y., et al. (2016) Look over: <u>ARE Questionnaire</u>	
Week 8: Oct 31 Happy Halloween!	Child & Adolescent Assessment and Treatment Planning Kinetic Family Drawings Progressive Case Analysis (PCA) #3	Textbook: Chapters 7 & 8 Article: Tuttle, A.R., Knudson-Martin, C., & Kim, L. (2012)	
Week 9: Nov 7	Note writing practice Applying theories to Treatment Planning Barbara Griswold video	Textbook: Chapters 11 & 12 Article: Addison, S.M., & Coolhart, D. (2015)	Final Case Assessment & Treatment Plan Due (Taskstream)

Week 10: Nov 14	Final Class Progressive Case Analysis (PCA) #4/ Finale & ROI Day NO FINAL EXAM!	Textbook: Chapter 13 Article: NONE	Submit PCA Assessment & Treatment Plan on Moodle (part of participation points)
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GOOD LUCK! :)