



LEWIS & CLARK COLLEGE

GRADUATE SCHOOL OF EDUCATION AND COUNSELING

CPSY 561: MARITAL & FAMILY ASSESSMENT SPRING 2011

Mondays 01:00p.m- 04:30 PM

Location: Rogers 219

Instructor: Sebastian Perumbilly, LMFT, M.A.(Bioethics), M.A.MFT, ABD

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Office: Rogers Hall- Office 331

Office Hours: 4:30-8:30 PM, Mondays, or by special appointment

CATALOG DESCRIPTION

Examination of the theoretical assumptions, values, and cultural frameworks underlying individual, couple, and family assessment approaches. Specific assessment techniques and tools are discussed, evaluated, and practiced. Preventative interventions such as premarital counseling and parent education are also explored and critiqued from a critical multicultural perspective.

COURSE DESCRIPTION

Issues in research and the clinical assessment of couples and families. Examination of the assumptions and values underlying assessment approaches. Specific assessment techniques are discussed, evaluated, and practiced. Special attention is given to approaches in multicultural assessment. Exploration of ethical, legal and practical issues. Attention is given to theoretical underpinnings of measures as well as their psychometric properties.

LEARNING OBJECTIVES

At the completion of this course, an engaged course participant will:

1. Learn to diagnose and assess client behavioral and relational health problems *systemically* and contextually;
2. Consider issues and debates relative to systemic assessment and individual diagnosis;
3. Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups;
4. Comprehend individual, couple, and family assessment methods and processes appropriate to presenting problem, practice setting, and cultural context;
5. Learn to use (i.e., consider when to apply) assessment instrument, administer and interpret results, and to discuss results with clients;
6. Learn to assess and manage high risk, crisis, and trauma situations (e.g., suicide prevention, domestic violence safety, disclosure of sexual abuse);

7. Learn to routinely consider health status, mental status, other therapy, and other systems involved in clients' lives (e.g., courts, social services), and to elicit relevant and accurate biopsychosocial history to understand the context of clients' problems;
8. Learn to systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide assessment, treatment-planning, and therapy-process;
9. Gain knowledge and skills relative to high risk situations, including evaluating level of risk; managing crises and emergencies; and defusing intense/chaotic situations to enhance the ability to effectively engage in therapy and ensure the safety of all participants;
10. Demonstrate the ability to identify clients' strengths, resilience, and resources;
11. Understand how and when to share research, and provide psychoeducation to couples and families;
12. Understand philosophy of prevention, debates, and major trends in family prevention, and how prevention plays a part in practice with families.

ADDITIONAL READINGS:

Weekly readings will be posted online (MOODLE). These weekly readings are to be completed for the day indicated. The participants are expected to be prepared to discuss the ideas and concepts discussed in the readings, and responsible for all of the assigned readings, whether or not they are discussed in class. Please note that there are more readings assigned for some topics than for others.

FINAL GRADING

A = 93-100

B = 83-87

C = 73-77

A- = 90-92

B- = 80-82

C- = 70-72

B+ = 88-89

C+ = 78-79

PARTICIPATION IN THE LEARNING COMMUNITY

Participants are required to attend and actively involved in all scheduled class meetings. This includes being on time, being prepared, and engaging with colleagues as fellow professionals. Becoming a couple & family therapist involves looking closely at ourselves, our values, beliefs, and biases. This can be a very personal, and sometimes emotional process. Treating colleagues with respect, listening deeply to their experiences, and being open to diverse world views may encourage a collaborative milieu of care in which we can all challenge ourselves and each other, and to critically examine and develop our skills and perspectives. In order to prepare for each class, students should carefully read and study all assigned materials to be ready to discuss, debate, apply the content of readings, and actively engage in role- playing activities. Class discussion and interaction with colleagues are fundamental to the process of learning to be a therapist and all sessions include necessary information. Therefore, if you must miss a class, fellow students and the instructor may ask you to contribute to the learning community in another way. According to the Lewis & Clark Counseling Psychology attendance policy, missed class periods may result in lowered final grades and students who miss two class periods may be failed.

NON-DISCRIMINATION POLICY/SPECIAL ASSISTANCE

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The College does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

SPECIAL NEEDS/ ACCOMMODATIONS

Please see me individually at the beginning of the semester if you require any special accommodations as a result of a documented disability.

ABSENCES

Please notify the instructor if you have to miss a class. Missing any class time may result in an additional class assignment at the discretion of the instructor. It is the student's responsibility to contact the instructor to discuss the make-up work. Missing more than two classes may result in failure to complete class, (any exceptional circumstances may be considered by the instructor).

CONFIDENTIALITY

Because of the nature of classroom work and group dynamics it is expected that "personal" information shared by students will be kept in confidence. Students are not required to share personal information as part of the classroom dynamics, or as a requirement for any evaluation or for grading purposes. Students are asked to be intentional about what they choose to share with other students in the class during classroom-activities.

LAPTOPS AND CELL PHONES

Due to the experiential nature of the class laptops may be used only when designated by the instructor. 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. Laptops and cell phones may of course be used on breaks. Please come prepared to take hand-written notes. If an alternate learning ability requires the use of a laptop please let the instructor know at the beginning of the semester.

COURSE REQUIREMENTS

Your successful course participation and completion will be evaluated based on the following FIVE modes of assessment:

1. Completion of all required readings.

All assigned readings should be completed in advance of the class in which they are to be discussed. That is, every student is responsible for coming to class prepared to participate in a meaningful discussion. In addition to the two texts that are required for this course, there are additional readings that also are required.

2. Active participation in class discussions (10 points).

Classroom discussions are an opportunity to bring up questions about the assigned reading, further one's understanding of the concepts under study, and integrate course material into one's clinical practice.

3. A paper about clinical assessment practice in your community (20 points):

As part of this coursework, you will visit a mental health clinic in your community, and interview a clinical professional and write a 3 page (single spaced) paper about the clinical assessment procedures and the use of clinical assessment instruments at that center. At the end of the paper, you will include your critique of the assessment protocol at that center. **Due: February 28, 2011**

4. Writing a brief paper on developing an assessment tool for a specific population of your choice (20 points).

You can focus on any population of your choice. In this paper, you are not developing an assessment instrument, but rather addressing some key components that need to be considered when developing an instrument (pertaining to the population that you have chosen). You will also provide a compelling rationale based on AAMFT code of ethics for why those components are critical. **Due: April 25, 2011**

5. Final Team Project (50 points).

This will be the culminating exercise for this course. Students will work in teams of two to:

- a. Develop a story line of your choice (to provide a context for a clinical assessment and treatment planning).
- b. Develop an assessment package consisting of three (3) clinical instruments.
- c. Present a clear theoretical or conceptual rationale that served the basis for your instrument selections.
- d. Interview a simulated family comprised of other class members (i.e., not in your group). The interview will be designed to collect all relevant information about the presenting problem, the family's history, referral source, past treatments, and any other relevant information.
- e. Administer the package of assessment instruments to (simulated) family members. Then compute the raw scores for each instrument (if relevant).
- f. Compile all available information into a comprehensive assessment of the family. This will include DSM-IV diagnosis of the identified patient (and other family members if relevant), and assessment of the couple's and the family system's level of functioning.
- g. Develop a tentative treatment plan for the family based upon the assessment results.
- h. Videotape a simulated session in which (i) the results of the assessment are presented to the family and (ii) the final treatment plan is negotiated with the family.
- i. Present the results of your project to the class on the assigned date. The presentation should include (i) the rationale for selecting the chosen instruments, (ii) a presentation of the results of the family assessment

(including family history, genogram, history of the presenting problem, the raw data of the clinical instruments, and your interpretation of the data), (iii) a formulation of the case (including relevant DSM-IV individual diagnoses, relational diagnoses, and key family system dynamics), (iv) the treatment plan derived from the assessment, and (v) segments from the videotape (5-7 minutes) in which the results of the assessment were shared with the family. Each team will have approximately 30 minutes for their presentation (**25 points**).

NOTE: Please manage your allotted time efficiently.

A final report (**25 points**) of the complete assessment and treatment plan must be submitted by 1:00 PM in class on **April 25, 2011**. This paper should be professionally written, double spaced, using 12 pt -font, organized into sections with appropriate headings, and referenced according to the APA 6 guidelines.

This paper will be graded for thorough consideration of all areas of the paper, clarity and organization of ideas, use of relevant literature, critical thinking, and writing and referencing according to the APA 6. Complete guidelines for this project will be provided later in the course.

NOTE: It is advised that students should begin early to obtain the instruments they plan to use due to the time lag in ordering or finding some instruments.

TEXTS

Cierpka, M., Thomas, V., & Sprenkle, D. (2005). *Family assessment: Integrating multiple clinical perspectives*. Cambridge, MA: Hogrefe.

Sperry, L. (2004). *Assessment of couples and families: Contemporary and cutting-edge strategies*. New York, NY: Brunner- Routledge.

READINGS

<p>Week-1 January 24</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Course overview, expectations, assignments and exams <input type="checkbox"/> <i>Focus of assessment: individual, couple, family and multisystemic contexts</i> <p>Cierpka, Thomas & Sprenkle (2005). Chapters 1 & 2</p> <p>Sperry (2004). Chapters 1 & 2</p> <p>Godfrey, K., Haddock, S.A., Fisher, A., & Lund, L. (2006). Essential components of curricula for preparing therapists to work effectively with lesbian, gay and bisexual clients: a delphi study. <i>Journal of Marital and Family Therapy</i>, 32, 491-504.</p>
<p>Week-2 January 31</p>	<ul style="list-style-type: none"> <input type="checkbox"/> <i>General considerations in couple and family assessment: contextual factors, lifecycle, intergenerational aspects and social world of families.</i> <p>Cierpka, Thomas & Sprenkle (2005). Chapters 6, 7, 8 & 9</p>
<p>Week-3 February 7</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Models, strategies, techniques, and tools for assessment – Part I <i>Clinical interviews</i> <p>Cierpka, Thomas & Sprenkle (2005). Chapters 3, 4 & 5</p>
<p>Week-4 February 14</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Models, strategies, techniques, and tools for assessment – Part II <i>Psychodynamic and Systemic assessment</i> <p>Cierpka, Thomas & Sprenkle (2005). Chapters 11 & 12</p> <p>Rigazio-DiGilio, S.A. (2000). Relational diagnosis: a co constructive-developmental perspective on assessment and treatment. <i>Psychotherapy in Practice</i>, 56, 1017-1036</p>
<p>Week-5 February 21</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Models, strategies, techniques, and tools for assessment – Part III <i>Clinical observation and use of psychological tests</i> <p>Sperry (2004). Chapters 3, 4, 5 & 6</p>

<p>Week-6 February 28</p>	<p>☐ Models, strategies, techniques, and tools for assessment – Part IV <i>Beaver, Circumplex and McMaster Models</i></p> <p>Beavers, W. R., & Hampson, R. B. (2003). Measuring family competence: the Beavers Systems Model. In F. Walsh, <i>Normal family process: growing diversity and complexity</i> (pp. 549-580). New York, NY: The Guildford Press.</p> <p>Epstein, N. B., Ryan, C. E., Bishop, D. S., Miller, I. W., & Keitner, G. I. (2003). The McMaster Model: A view of healthy family functioning. In F. Walsh, <i>Normal family process: growing diversity and complexity</i> (pp. 581-607). New York, NY: The Guildford Press.</p> <p>Olson, D. H.; & Gorall, D. M. (2003). Circumplex model of marital and family systems. In F. Walsh, <i>Normal family process: growing diversity and complexity</i> (pp. 514-548). New York, NY: The Guildford Press.</p>
<p>Week-7 March 7</p>	<p>☐ Models, strategies, techniques, and tools for assessment – Part V <i>Couples Assessment: Marital Adjustment, conflicts, marital satisfaction,</i></p> <p>Sperry (2004). Chapter 7</p>
<p>Week-8 March 14</p>	<p>☐ Models, strategies, techniques, and tools for assessment – Part VI <i>Family Assessment</i></p> <p>Cierpka, Thomas & Sprenkle (2005). Chapters 10 & 13 Sperry (2004). Chapter 11</p>
<p>Week-9 March 21</p>	<p>Models, strategies, techniques, and tools for assessment – Part VII <i>Child and family assessment: child custody, divorce assessment, and child abuse</i></p> <p>Sperry (2004). Chapters 8, 9 & 10</p>
<p>Week-10 March 28</p>	<p>☐ Assessing high risk situations and developing safety contracts <i>Potential harm to self or others</i> <i>Assessing domestic violence</i> <i>Exploration of Ethical, Legal and Professional Issues in Assessment</i></p> <p>Haddock, S.A. (2002). Training family therapists to assess for and intervene in partner abuse: a curriculum for graduate courses, professional workshops, and self-study. <i>Journal of Marital and Family Therapy</i>, 28, 193-202.</p> <p>Sanchez, H.G. (2001). Risk factor model for suicide assessment and intervention. <i>Professional Psychology: Research and Practice</i>, 32, 351-358.</p>

Week-11 April 4	<p>Class Presentations: Clinical Assessment & Treatment Plan</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asmaa & Logan <input type="checkbox"/> Carlie & Jennifer <input type="checkbox"/> Jessica & Sarah, S. <input type="checkbox"/> Kristina & Steph <input type="checkbox"/> Sarah W. & Annie
Week-12: April 11	<p>Class Presentations: Clinical Assessment & Treatment Plan</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arielle & Dawn <input type="checkbox"/> Devon & Liz, P. <input type="checkbox"/> Lauren & Sarah, A <input type="checkbox"/> Lisa & Kyle <input type="checkbox"/> Mike & Julia
Week-13 April 18	<ul style="list-style-type: none"> <input type="checkbox"/> Designing Prevention Programs – Part I Philosophy, challenges, debates, and practice <p>Hage, S.M., Romano, J.L., Conyne, R.K., Kenny, M., Matthews, C., Schwartz, J., & Waldo, M. (2007). Best practice guidelines on prevention practice, research, training and social advocacy for psychologists. <i>The Counseling Psychologist</i>, 35, 493-566</p> <p>Murray, C.E. (2005). Prevention work: a professional responsibility for marriage and family counselors. <i>Family Journal: Counseling and Therapy for Couples and Families</i>, 13, 27-34.</p>
Week-14 April 25	<ul style="list-style-type: none"> <input type="checkbox"/> FINAL PAPERS DUE AT THE BEGINNING OF THE CLASS (1:00 PM): <ul style="list-style-type: none"> ○ Consideration of key components for developing a clinical assessment instrument ○ Group project paper <input type="checkbox"/> Designing Prevention Programs – Part II <i>Illustration: Child-focused family reorganization: a prevention based post-divorce co-parenting psychoeducational program</i> <input type="checkbox"/> Course review <input type="checkbox"/> Course evaluation

COURSE OBJECTIVES-MCFT CORE COMPETENCIES EVALUATION SHEET

Upon Completion of **CPSY 561**, please rate each item according to how much you learned about the competency through your work in this class.

TERM: SPRING 2011

INSTRUCTOR:

Sebastian Perumbilly

Learn to diagnose and assess client behavioral and relational health problems *systemically* and contextually.

1 2 3 4

Consider issues and debates relative to systemic assessment and individual diagnosis.

1 2 3 4

Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.

1 2 3 4

Comprehend individual, couple, and family assessment methods and processes appropriate to presenting problem, practice setting, and cultural context.

1 2 3 4

Learn to use (i.e., consider when to apply) assessment instrument, administer and interpret results, and to discuss results with clients.

1 2 3 4

Learn to assess and manage high risk, crisis, and trauma situations (e.g., suicide prevention, domestic violence safety, disclosure of sexual abuse, disaster response, and substance abuse intervention).

1 2 3 4

Learn to routinely consider health status, mental status, other therapy, and other systems involved in clients' lives (e.g., courts, social services), and to elicit relevant and accurate biopsychosocial history to understand the context of clients' problems.

1 2 3 4

Learn to systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide assessment, treatment-planning, and therapy-process.

1 2 3 4

Gain knowledge and skills relative to high risk situations, including evaluating level of risk; managing crises and emergencies; and defusing intense/chaotic situations to enhance the ability to effectively engage in therapy and ensure the safety of all participants.

1 2 3 4

Demonstrate the ability to identify clients' strengths, resilience, and resources.

1 2 3 4

Understand how and when to share research and provide psychoeducation to couples and families.

1 2 3 4

Understand philosophy of prevention, and major trends and debates in family prevention (e.g., co-parenting after separation/ divorce), and how prevention plays a part in practice with families.

1 2 3 4