

Brief Therapy PC 3123

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Course Description

This intensive course is intended to help participants develop skills in short-term counseling. The course will provide an integrated model for short-term intervention that relies on Brief Strategic Therapy, Solution-Focused Therapy, and Behavioral Therapy. Students are expected to complete reading prior to the seminar and will have assignments due two weeks after the end of the seminar. The seminar week will help students think theologically about short-term therapy, articulate a basic multicultural understanding of brief therapy, develop short-term intervention skills with a variety of clients, and organize skills to complete a course of therapy with clients. This class is open to MAMFT and MDiv students with the professor's approval. Maximum enrollment is 16. This course meets M.Div. requirements for Pastoral Care and Counseling.

Objectives and Expected Student Learning Outcomes

<u>By the end of the semester, students will:</u>	<u>Student Learning Outcomes (SLO) & MFT Competencies (C:)</u>	Assignment/Assessment
Describe the theoretical foundations, theological concerns, purposes, expected outcomes, and limitations for brief therapy	<p>SLO: 1...able to conduct multicultural, evidence-based therapy with individuals, couples and families</p> <p>SLO:2...demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice</p> <p>SLO: 5: able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy</p> <p>MFTC: 1.1.1... Understand systems concepts, theories, and techniques ...foundational to MFT</p> <p>1.1.2... Understand theories and techniques of individual, marital, couple, family, and group psychotherapy</p> <p>4.4.1 Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan</p> <p>4.1.2 Recognize strengths, limitations, and contraindications of...therapy models...</p>	<p>Final Position Paper</p> <p>Reading Summary Papers</p>

Articulate one functional, multicultural model for problem assessment, planning intervention, and assessing outcome of short-term counseling	<p>SLO: 1...able to conduct multicultural, evidence-based therapy with individuals, couples and families</p> <p>SLO: 4... able to use a multicultural approach to MFT that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity</p> <p>1.1.2... Understand theories and techniques of individual, marital, couple, family, and group psychotherapy</p>	Final Position Paper
Complete basic assessment that discriminates between cases needing immediate referral or longer-term care, and those for which short-term counseling is appropriate	<p>SLO: 1...able to conduct multicultural, evidence-based therapy with individuals, couples and families</p> <p>MFTC: 1.2.3 Recognize issues that...suggest referral for specialized evaluation...care</p> <p>1.3.1 Gather and review intake information...balanced attention to individual, family, community... contextual factors</p> <p>1.4.1 Evaluate case for appropriateness...</p> <p>5.3.7 Practice within defined scope of practice and competence</p>	Case Example and Review
Demonstrate the ability to identify client strengths, resiliencies and resources and prioritize clear, achievable goals agreed upon by both client and therapist	<p>SLO: 1...able to conduct multicultural, evidence-based therapy with individuals, couples and families</p> <p>SLO:2...demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice</p> <p>MFTC: 2.3.8 Identify client's strengths, resilience and resources</p> <p>2.3.9-Elucidate presenting problem...</p> <p>2.4.4 Assess the therapist-client agreement of therapeutic goals and diagnosis</p> <p>3.2.1 Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan</p> <p>3.3.2-Prioritize treatment goals</p>	Live observation during class Case Example and Review
Demonstrate the ability to use basic short-term intervention skills in a counseling session.	<p>SLO: 1...able to conduct multicultural, evidence-based therapy with individuals, couples and families</p> <p>SLO:2...demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice</p> <p>3.3.3 Develop a clear plan about how sessions will be conducted</p> <p>3.3.4 Structure treatment to meet clients' needs and to facilitate systemic change</p> <p>3.3.5: Manage...therapy toward treatment goals</p>	Live observation during class Case Example and Review Final Position Paper
Demonstrate the ability to assess and manage clinical crisis/emergencies such as suicidal, homicidal statements, etc.	<p>SLO: 1...able to conduct multicultural, evidence-based therapy with individuals, couples and families</p> <p>3.3.6 Manage risks, crises and emergencies</p> <p>3.4.3 Evaluate level of risks, management of risks, crises and emergencies</p>	Case Example and Review Final Position Paper
<p>Multicultural Therapy Definition: Multicultural Therapy, according to D. W. Sue and Torino (2005, p 3) "...can be defined as both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture-specific strategies and roles in the healing process, and</p>		

balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems.” Multicultural competence as a therapist includes: (1) therapist awareness of personal assumptions, values and biases, (2) understanding the worldview of diverse clients, and (3) facility with appropriate strategies and interventions consistent with the life experiences and values of culturally different clients. (Sue & Sue 2008)

Evidence-based Practice Definition: EBP is a “...practice-friendly approach to using research to enhance family therapy” (Gehard, 2010, 133). This approach looks to research to help clinicians make decisions in therapy about care for individual clients, couples and families. Evidence-based practice will (1) look to research for information about what treatments are most effective for specific problems, (2) critically examine that research for its validity and applicability to specific cases, and (3) evaluate how effective a selected method is for specific clients, couples and families (for example, using the ORS/SRS).

Methods

Reading assignments are to be completed prior to the seminar and turned in the first day of class. Seminar session will be divided between lecture-discussion and practice of short-term therapy skills using one-way mirrors in the LPTS counseling-training center. An integrative paper and case study will be due on July 31 following the seminar.

Requirements

Prior to Seminar Week (to be turned in first day of seminar):

1. Read all assigned texts and CAMS articles.
2. For each book write a 2-4 page summary outlining key propositions, your reactions to them, and how you envision using what you learned from the text in practice.
3. For each CAMS article (will be posted by May 15) write a 1-2 page response focusing on how the material intersects with your practice and/or commitments.
4. Come to the seminar prepared with a case, case problem, client presenting problem, etc. to present/role play during the seminar. Do not prepare a formal case study. This is material to be used for practice behind the one-way mirror during the class.

During the Seminar

1. Be prepared to role play both therapist and client behind a one-way mirror
2. Be prepared to discuss reading, class activities and engage in thoughtful, critical evaluation of yours and others' counseling skills.

After the Seminar (Due July 31)

1. **Final Position Paper:** Complete an 8-10 page position paper outlining your theoretical and practical approach to brief therapy. Papers will be evaluated using the attached rubric. In your paper explain:
 - a. What your position is;

- b. How you arrived at this position (be sure to include both theological and behavioral science justifications for your position);
 - c. How your position compares to other possible positions in practicing brief therapy;
 - d. How your work is guided by this position;
 - e. How you assess client need and appropriateness for short-term therapy;
 - f. How you incorporate client feedback in assessment and treatment;
 - g. Your philosophy of goal setting and structuring therapy;
 - h. How you select interventions; and
 - i. How you evaluate progress.
2. **Case Study:** Demonstrate how you use your philosophy by writing a case study using a brief therapy model that shows:
- a. Clear definition of the model of brief therapy you are using—this model should be clear throughout the following steps;
 - b. Intake and evaluation procedures that identify the client as appropriate for brief therapy;
 - c. Assessment and goal setting using your chosen model;
 - d. Process of treatment and interventions you used;
 - e. Use of client feedback;
 - f. Management of any crises or emergencies in treatment;
 - g. Outcome of treatment described using your guiding model;
 - h. Your assessment of your work as therapist (strengths and limitations)

Required Texts

Walter, J. E. & Peller, J.E. (1992). *Becoming solution-focused in brief therapy*. New York: Routledge.

Stone, H., (Ed.). (2001). *Strategies for Brief Pastoral Counseling*. Minneapolis: Fortress Press.

Articles on CAMS

Appendix

Important Policies

Grading: Grade Scale and Philosophy

A	96.6-100
A-	93.6-96.5
B+	90.6-93.5
B	87.6-90.5
C	85.6-87.5
C+	83.6-85.5
C	81.6-83.5
C-	79.6-81.5
D	70.6-79.5
F	Below 70.6

Attendance

Learning is a complex activity that requires conceptual and experiential participation by those who wish to learn. Student attendance and participation is fundamental to the way the learning environment is structured for this course. Attendance and participation is required to earn a passing grade. While circumstances may require an adult learner to miss class occasionally, absence from more than 10% of the classroom experience will affect student learning and (consequently) the student's grade. Extreme circumstances, such as health problems, family concerns, etc. must be discussed with the professor *prior* to multiple missed classes. Students unable to attend at least 75% of classes are advised to drop the class prior to the registrar's WP deadline, or receive a failing grade.

Form for Writing Assignments

All papers submitted for grades must be written in APA approved style and be double-spaced.

Major research papers, book reviews, etc. should include a cover sheet with the assignment title, your name, and the class for which you are writing.

Weekly assignments should include at the top of the first page your ***name, title of the assignment, and the date the assignment is due***. These papers are to be folded in half (vertically) with your name and mailbox number on the outside. This allows returning them to you through campus mail.

All sources used in writing assignments must be cited appropriately and according to APA style. ***Failure to cite sources is plagiarism. You must give credit for quotes and ideas used in your writing. Papers submitted for grades that demonstrate plagiarism***

will receive a failing grade, and students will be subject to the seminary policy regarding plagiarism.

Inclusive Language is a Seminary Policy

Learning is fundamentally concerned with communication, self-expression, and personal and social transformation. Learning respects individuals, their feelings, their value and worth, and their particular potential for contribution to common knowledge and community virtue. Learning is fundamentally and intentionally inclusive.

Since all learning is inherently ethical and political, and theological discourse has been traditionally patriarchal and gender exclusive, the Seminary has established a policy, in the interest of constructing an inclusive and egalitarian community, that the language (symbols, metaphors) used in our class discussions and written work shall be gender inclusive and respectful of all persons and groups as valued human creatures of God.

Racism also permeates our society and is detrimental to any learning environment. We need to use language, symbols, and metaphors that honor our commitment to racial inclusiveness.

Brief Therapy Comprehensive Rubric

Scoring Directions: Mark or highlight observations in each area. Complete rating score at the end of the rubric.

Scoring: 0-2 unacceptable (C- & below), 3-5 marginal (C to B), 6-8 expected (B+ to A), 9-10 exceeds expectations for student's level of training.

Level of Training: Expectation for this class is achievement of Basic Knowledge and Skill.

Assignment I: Theory Readings				
Description: <ol style="list-style-type: none">Read all assigned texts and CAMS articles.For each book write a 2-4 page summary outlining key propositions, your reactions to them, and how you envision using what you learned from the text in practice.For each CAMS article (will be posted by May 15) write a 1-2 page response focusing on how the material intersects with your practice and/or commitments. Be sure to include theological, spiritual and multicultural issues.Come to the seminar prepared with a case, case problem, client presenting problem, etc. to present/role play during the seminar. Do not prepare a formal case study. This is material to be used for practice behind the one-way mirror during the class.				
Exceeds Expectations for level of training (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Average score for category: <hr/>
1-Paper demonstrates that all preparatory theoretical reading is	Paper demonstrates that all preparatory theoretical reading is complete	Paper demonstrates that most preparatory theoretical reading is complete	UA	SLO: 1, 2 MFTC: 1.1.1, 1.1.2, 4.1.2

complete and shows good critical insight into readings				
2-Demonstrates exceptional awareness of how theory applies to basic counseling practice	Demonstrates good awareness of how theory applies to basic counseling practice	Demonstrates some awareness of how theory applies to basic counseling practice		SLO: 1, 2 MFTC: 1.1.1, 1.1.2, 4.1.2, 4.4.1
3-Summary demonstrates careful and critical thought about potential brief therapy case problems and role plays	Summary demonstrates careful thought about potential brief therapy case problems and role plays	Summary shows minimal thought about potential brief therapy case problems and role plays		SLO: 1, 2 MFTC: 1.1.2, 4.4.1
4-Summary shows exceptional awareness of theological issues related to reading and to case selection	Summary shows appropriate awareness of theological issues related to reading and to case selection	Summary shows marginal awareness of theological issues related to reading and to case selection		SLO: 5 MFTC: NA

Assignment II: Final Position Paper

Directions: Complete an 8-10 page position paper outlining your theoretical and practical approach to brief therapy. Papers will be evaluated using the attached rubric. In your paper explain:

- i. What your position is;
- j. How you arrived at this position (be sure to include both theological and behavioral science justifications for your position);
- k. How your position compares to other possible positions in practicing brief therapy;
- l. How your work is guided by this position;
- m. How you assess client need and appropriateness for short-term therapy;
- n. How you incorporate client feedback in assessment and treatment;
- o. Your philosophy of goal setting and structuring therapy;
- p. How you select interventions; and
- q. How you evaluate progress.
- r. Be sure to address theological, spiritual and multicultural issues.

Exceeds Expectations for level of training (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Average score for category: <hr/>
1-Demonstrates exceptional understanding and use of brief therapy models.	Demonstrates good understanding and use of brief therapy models.	Demonstrates marginal understanding and use of brief therapy models.	UA	SLO: 1, 2 MFTC: 1.1.2,
2-Demonstrates exceptional appropriation of selected brief therapy models for application to clinical practice.	Demonstrates clear appropriation of selected brief therapy models for application to clinical practice.	Demonstrates marginal appropriation of selected brief therapy models for application to clinical practice.		SLO: 1, 2 MFTC: 1.1.2, 3.3.3
3-Provides exceptional understanding about how observable, measureable client goals are set using client collaboration, strengths and resources.	Provides clear understanding about how observable, measurable client goals are set using client collaboration, strengths and resources.	Provides some understanding about how client goals are set using client collaboration, strengths and resources.		SLO: 1, 2 MFTC: 1.1.2, 2.3.9, 3.3.3, 3.3.4
4-Provides an exceptional theoretical framework for interventions with clients with clear examples of how these fit with guiding model.	Provides a theoretical framework for interventions with clients with clear examples of how these fit with guiding model.	Provides a marginal theoretical framework for interventions with clients with clear examples of how these fit with guiding model.		SLO: 1, 2 1.1.2,

5-Provides an exceptional framework for assessing client progress	Provides an understandable framework for assessing client progress	Provides little framework for assessing client progress		SLO: 1, 2 MFTC:3.3.3, 3.3.4, .3.5,
6-Identifies and discusses critically theological, spiritual and multicultural issues related to brief therapy and selected model.	Identifies and discusses theological and spiritual issues related to brief therapy and selected model.	Marginally identifies and discusses theological and spiritual issues related to brief therapy and selected model.		SLO: 4, 5 MFTC: 3.3.4

Assignment III: Case Study

Directions: Demonstrate how you use your philosophy by writing a case study using a brief therapy model that shows:

- Clear definition of the model of brief therapy you are using—this model should be clear throughout the following steps;
- Intake and evaluation procedures that identify the client as appropriate for brief therapy;
- Assessment and goal setting clearly using your chosen model;
- Process of treatment and interventions you used, clearly demonstrating chosen model;
- Use of client feedback;
- Management of any crises or emergencies in treatment;
- Outcome of treatment described using your guiding model;
- Your assessment of your work as therapist (strengths and limitations)

Assessment Rubric: Use the following rubric to guide your work.

CAUTION: *Protect confidentiality by disguising names and other identifying information.*

Reviewer Directions: Highlight or mark observations in each area. Complete rating score at the end of each category.

Scoring: 9-10 Exceeds Expectations, 6-8 Expected, 3-5 marginal, 0-2 unacceptable.

Category I: Identifying Information/Description of Client

Description:

- Provide a one paragraph description of the client family presented. Include ages, ethnic and gender information, vocational or educational information and any other outstanding features that will help provide a picture of the context for treatment of the case.

	Levels of Quality				Category I Score:
	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
Rubric for Category I	Description is clear, and includes identifying information-and any outstanding features of all clients present, including personal dimensions that may affect therapy.	Description is present and describes basic attributes of clients. Presents information in a logical manner.	Description is excessive, disorganized, or misses important primary information.	UA	SLO 1 MFTC: 1.2.1, 1.3.1

Category II: Presenting Problem

Description: Provide a concise summary of what the individual/couple/family perceived as the motivating factor bringing them to therapy. Also include perceptions provided by referral source and treating therapist.

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Category II Score
Rubric for Category II	Presenting problem is identifiable and concise, and reflects clients' description of what brings them to therapy. Few wasted words; reader can quickly determine why clients came to therapy.	Presenting problem is stated in understandable terms; client's voice is present. Presenting problem may be obscured by descriptions or explanations.	Presenting problem is unclear or vague; problem statement demonstrates that counselor lacks clear understanding of what brings the client to counseling.	UA	SLO 1 MFTC: 1.2.1, 1.3.1
Category III: Clinical/Pastoral Assessment ¹ A: you do not need to include a DSM-5 diagnosis and you do not need to have given them any formal assessments B: be sure to assess in a way that is consistent with your model of brief therapy. Description: A. Summarize your initial interview, observations of client/client family behavior, self-report, and any formal assessments you might have done that inform your understanding of what is happening with your client/client family (i.e., WHODAS, spiritual, drugs/alcohol, depression/anxiety, etc.) Attend to any areas of risk such as suicidal ideation, self-harm, and issues of abuse. B. Include the client family's genogram and summarize <u>briefly</u> conclusions about family emotional process, structure, interactional sequences, etc. (use language consistent with guiding MFT model) drawn from it; areas to address include the following: <ul style="list-style-type: none"> • Relevant transgenerational issues: family themes, myths, legacies, debts, scripts, etc. • Relevant structural, power and communication dynamics • Relevant information from family of origin, personal history and relationship history • Relevant family life cycle, individual life cycle, developmental tasks, etc. • Relevant gender, racial-ethnic, class, age and other multi-cultural issues 					
	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Average Score for Category III
Rubric for Category III	1. Family assessment relates directly to client presenting problem and/or history. Initial observations are clear & concise. Risk factors are assessed to assure client safety.	1. Family assessment is present with a coherent strategy that relates to client problem or history. Initial observations are included. Some attention is paid to client risk factors.	1. Family assessment procedures and summaries are insufficient or lack a consistent logic. Initial observations are absent or lack specificity. Risk factors are not clearly addressed.	UA	SLO: 1,2,4,5 MFTC: 2.3.7, 2.3.8, 2.3.9 Score for III.1: <hr/>
	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
Rubric for Category	2. Guiding theoretical model for assessment is clear, consistent and	2. Guiding theoretical model for assessment is clear and consistent	2. Theoretical model that guides assessment is	UA	SLO: 1,2,4,5 MFTC: 3.1.1, 4.1.1, 4.3.1

¹ Assessment: Case conceptualization reflects therapist integration of assessment data with client history and presenting problem in logical language reflecting therapist's theoretical stance.

III, continued	implemented with exceptional sensitivity or nuance.		either unclear or misrepresented.		Score for III.2: _____
	3. Assessment has a coherent strategy (i.e. uses clinical interview and any other useful self-report instruments, and formal assessments, such as lethality assessments, screening tools, etc., that make sense for the case).	3. Assessment tools (clinical interview and other self-report instruments and formal assessments) are appropriate to the client's presenting problem.	3. Little evidence of use of assessment tools or tools are insufficient.	UA	SLO: 1,2,4,5 MFTC: 2.1.4, 2.1.5, 2.1.6, Score for III.3: _____
	4. Assessment summary attends to client's social location, including relevant structural, power, and communication dynamics; multi-cultural issues and other relevant concerns are thoroughly considered.	4. Assessment summary contains basic information about client's social location, including multi-cultural issues or other relevant concerns.	4. Assessment summary contains little attention to client's social location, multi-cultural issues or other relevant concerns.		SLO: 1,2,4,5 MFTC: 2.3.1, 2.3.8, 2.4.3 Score for III.4: _____
	5. Assessment write-up provides clear description of procedures, logical coherent assessment procedures used, and contains a clear summary.	5. Assessment write-up is present, with description of procedures, coherence, and a clear summary is provided.	5. Assessment write-up lacks adequate description of procedures, consistent logic, or clear summary.	UA	SLO: 1,2,4,5 MFTC: 2.2.2, 2.2.3, 2.3.1, 2.2.4, Score for III.5: _____
	6. Assessment summary attends to religious, spiritual, theological, or meaning issues.	6. Assessment summary attends to client's spiritual and religious life in basic or limited terms.	6. Assessment summary lacks sufficient attention to religious, spiritual life or issues of meaning.	UA	SLO: 1,2,4,5 MFTC: 2.2.3, 2.3.8, 2.4.3, 4.3.2 Score for III.6: _____

Category IV: Treatment Planning

- What is an appropriate, measurable goal for counseling? Limit yourself to one or two--at the end of counseling the client will....
- Make a case for what the next step should be. Treatment? Referral? Remember to keep your context in mind—parish counseling, agency counseling, etc.

Description:

- A. State your treatment plan for this client family, including specific and measureable goals with interventions outlined that relate to the MFT theory model being used.
- B. State your contract with the client family.

	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Average Score for Category IV
Rubric for Category IV	1. Treatment plan is clear, concise and directly related to presenting problem and assessment findings. Demonstrates exceptional sensitivity in establishing treatment plan.	1. Treatment plan is clear, concise and directly related to presenting problem and assessment findings.	1. Treatment plan lacks coherence or clarity. Little connection exists between problem, assessment and intervention.	UA	SLO: 1 MFTC: 3.3.1, 3.3.2, 3.3.5 Score for IV.1: _____
	2. The contract with the client family system is stated in clear and concise language, shows good use of collaboration with all family members, and provides a clear map for change.	2. The contract with the client family is present, appropriate, clear, and shows participation from all involved family members.	2. The contract with the client family is absent, unclear or too wordy.	UA	SLO: 1 MFTC: 3.2.1, 3.3.1 Score for IV.2: _____
	3. Treatment plan reflects exemplary systemic analysis established in evaluation and a well-described systemic interventions for each therapeutic goal.	3. Treatment plan includes appropriate systemic analysis established in evaluation with systemic interventions for established goals.	3. Treatment plan marginally reflects systemic analysis or appropriate intervention for therapeutic goals.	UA	SLO: 1 MFTC: 3.3.1, 3.3.4, Score for IV.3: _____
	4. Treatment plan shows clear distinction between goals (expected outcomes of therapy) and interventions (what client and/or therapist will do to accomplish goals).	4. Treatment plan shows clear distinction between goals and interventions.	4. Treatment plan fails to distinguish between goals and interventions.	UA	SLO: 1 MFTC: 3.3.5, 3.4.1 Score for IV.4: _____
	(Category continued below.)				
	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
Rubric for Category IV, continued	5. The treatment plan includes 2 or 3 clear, measurable goals directly related to client problem and contract, and states how progress toward goals will be measured and observed. Exceptional attention to client context and multicultural variables.	5. The treatment plan includes 2 or 3 clear, measurable goals directly related to client problem and contract, and states how progress toward goals will be measured and observed. Appropriate attention to client context and multicultural variables.	5. Goal statements lack attention to observations or measures for therapy outcome. Effectiveness of strategy is absent or unclear. Does not attend well to client context or multicultural variables.	UA	SLO: 1 MFTC: 3.3.5, 3.4.1, 4.3.1, Score for IV.5: _____

Category V: Theological Reflection					
Description: <ul style="list-style-type: none"> A. Describe theological, spiritual and faith issues integral to this client family's self-presentation. B. Describe how your own value system, personal belief system, personal faith and faith tradition interact with or inform your work with this client family. C. Describe how you see your work with this client family as pastoral or a form of ministry. D. Provide a brief theological statement about how you see what you are doing to be healing and or helpful. 					
	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Category V Average Score
Rubric for Category V	1. Theological, spiritual, and faith issues integral to the client family system & self-presentation are described in clear, concise, and nuanced language. Write-up is exceptional.	1. Theological, spiritual, and faith issues integral to the client family system & self-presentation are described in clear and concise language.	1. Theological, spiritual, and faith issues integral to the client family system & self-presentation are present, but lack clarity or sensitivity in write-up.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.1: _____
	2. Well informed and nuanced attention to therapist's own faith location, recognizes appropriate differences with client's faith location and uses interaction to inform therapeutic work.	2. Attends to therapist's own faith location, recognizes appropriate differences with client's faith location and uses interaction to inform therapeutic work.	2. Basic or minimal attention to therapist's own faith location, recognizes appropriate differences with client's faith location and uses interaction to inform therapeutic work.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.2: _____
	3. Excellent ability to articulate her or his understanding of MFT as pastoral ministry.	3. Ability to articulate a pastoral vision of MFT as pastoral ministry.	3. Marginal ability to articulate a pastoral vision of MFT as pastoral ministry.	UA	SLO 4, 5 MFTC: 1.2.1, 4.5.1 Score for V.3: _____
Category VII Clear, Effective Writing					
	Exceeds Expectations (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	Score for Category VII

Rubric for Category VII	Report uses brief, well-formed sentences that are direct and to the point. Report has a “logical flow” that begins in a clear problem, shows how the problem is related to client history, and guides assessment, and how assessment culminating in a treatment plan for specific outcomes.	Report is drafted with appropriate language and logical flow for each section. Information demonstrates sound clinical treatment planning for specific outcomes within the case study.	Report is too wordy or lacks sufficient information to demonstrate good clinical logic. Organization and attention to logical flow are absent with no specificity around treatment planning for outcomes.	UA	SLO 1 MFTC: 3.5.3, 5.5.1,
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Grade: _____

Comments:

[illegible]