PC 323-3 **January 2015**

Assessment & Treatment of Trauma from a Systems Perspective
Meeting Times: *January 12, 2015 – January 16, 2015*
8:30am – 4:30pm Monday – Friday

Note: The following course may change at the Instructors' discretion

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Course Description:

This course provides an overview of evidence-based practice for working with survivors of trauma using a systems and relational lens. In this course, students will explore the nature and meaning of trauma, assessing and identifying trauma, and effective practices for treating trauma. This will include a focus on clinical assessments for trauma, understanding diagnosis and trauma, and relational processes as they apply to assessment, case conceptualization, treatment, and theological understandings of trauma therapy. Through exploring contemporary evidence-based trauma treatment approaches, students will have the opportunity to experience a variety of intervention methods and begin the process of formulating a theologically and personally integrated model of trauma therapy. Concepts discussed in this course will be applied to a variety of contexts and relationships and will include an emphasis on secondary or vicarious trauma and self-care.

Course Outcomes

By the end of the semester, students will:	***Student Learning Outcomes (SLO) & MFT Competencies (MFTC:)***	***Assessment Signature Assignments***
• Be able to define trauma from a psychological, physiological, social and theological framework	**SLO 1**: able to conduct multicultural, evidence-based Marriage and Family Therapy that meets entry-level professional and ethical standards. **SLO 5:** able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of MFT. **MFTC 1.2.3:** Recognize issues that…suggest referral for specialized evaluation…care	-Class reading and participation
• Be able to discuss trauma's relationship to psychiatric disorders (DSM 5), substance abuse, suicide, relational problems, and other problems in living	**SLO 1: see above** **MFTC 2.1.2:** Understand major behavioral health disorders… **2.1.3:** Understand the clinical needs and implications of persons with comorbid disorders **2.1.4**: Comprehend…assessment …appropriate to presenting problem… **2.1.5:** Understand current models of assessment… **3.4.3**: Evaluate level of risks, management of risks, crises and emergencies	-Class reading and participation -Research-informed case study & presentation
• Be able to describe and discuss the neurobiological components of trauma	**SLO 1: see above** **MFTC 1.2.3:** Recognize issues that…suggest referral for specialized	-Class reading and participation -Mind-Body Intervention Demo

	evaluation…care **2.2.5:** Consider physical & organic problems…	
• Be able to assess individuals, couples and families for trauma related problems and complications	**SLO 1: see above** **MFTC 1.2.1**: Recognize contextual and systemic dynamics **2.1.4:** Comprehend…assessment … appropriate to presenting problem… **2.2.3:** Develop hypotheses regarding relationship patterns and their bearing on the presenting problem… **2.3.1**…Diagnose…systemically and contextually	-Class reading and participation -Research-informed case study & presentation
• Demonstrate knowledge of evidence-based models of treatment (three phase model, EMDR, CPT, etc.)	**SLO 1: see above** **MFTC 3.1.1:** Know which models…are most effective for presenting problems **3.3.5:** Manage…therapy toward treatment goals **4.1.1:** Comprehend a variety of individual and systemic therapeutic models…	-Class reading and participation -Mind-Body Intervention Demo -Research-informed case study & presentation
• Be able to articulate how MFT models can be adapted for work with trauma survivors	**SLO 2:** demonstrate a broad knowledge of Marriage and Family Therapy theory and be able flexibly to relate theories to evidence-based practice. **MFTC 1.2.1:** Recognize contextual and systemic dynamics **2.3.1:**…Diagnose…systemically and contextually **3.1.1:** Know which models…are most effective for presenting problems	-Class reading and participation -Research-informed case study & presentation
• Be able to discuss vicarious traumatization, compassion fatigue and therapist self-care	**SLO 5:** able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of MFT. **MFTC 5.4.2:** Monitor attitudes…personal issues…to ensure they do not impact therapy adversely or create vulnerability to misconduct **5.5.2:** Consult with peers…supervisors if personal issues, attitudes or beliefs threaten to adversely impact work	Class reading and participation Mind-Body Intervention Demo
• Be able to discuss how to implement a trauma-informed model of care in an organization	**SLO 2:** demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice. **MFTC 2.2.4:** Consider the influence of treatment on extra-therapeutic relationships **3.1.1:** Know which models…are most effective for presenting problems	Class reading and participation

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 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).

Course Requirements:

1. **Assigned Readings, Class Participation, Attendance** (15%)

   Task:

   Students will complete required reading and participate in class discussion each class period.

   Evaluation:

   Students will demonstrate completion of reading assignments by participating in class discussions. Students will document completion of reading assignments.

2. **Mind-Body Intervention Rationale and Demonstration** (15%) – DUE January 15th

   Tasks:

   The student will lead class on a specific mind-body intervention commonly used with trauma survivors to help ground them and regulate affect. In addition to leading the class in an exercise, the student will describe to the class the rationale for the exercise and how it is intended to help in the healing process of trauma work.

   Examples: Breathing exercises, guided meditations, yoga, progressive relaxation, exercises, dance or other forms of therapeutic movement (we will discuss many of these examples in class, but students are welcome to utilize other mind-body techniques intended to help clients reduce stress and manage intense affect).

   Evaluation:

   The professor will observe student presentation of technique and note whether or not the student demonstrates good understanding of the purpose and implementation of the technique.

3. **Research-Informed Clinical Case Study and Presentation** (40%) – DUE January 30th

   ****Use case study rubric/instructions attached or posted on CAMS**

   Tasks:

   The paper will consist of an identification of a trauma(s) depicted in the movie, a narrative summary of what occurred and the family members involved, followed by your conceptualization of the system based on the trauma model you've selected. **Due dates for movie choice and trauma model choice are listed in the course schedule.**

   See specific instructions on rubric/instructions. Note that this is a research-informed case study. You will need to:

a. Select an evidence-based trauma treatment model from which to analyze your clinical case. **Note: The model chosen must be one that we have covered in the course.**
b. Use a minimum of 10 peer-reviewed research articles and 1 or more books on the trauma model you have selected. Use a minimum of 5 peer-reviewed research articles on the presenting problem or trauma identified in your case. You will need to locate **professional journal articles** related to the use of the model you have chosen. You will also need to include journals related to the identified problem. For example: If you were to chose a case involving childhood sexual abuse and you wanted to use TFCBT you could then find articles on both the topic of childhood sexual abuse as well as on TFCBT as it relates to the topic of childhood sexual abuse. This should be done utilizing online databases from the library, such as PsycINFO. Many of the articles will be available instantly online, but don't be afraid to take advantage of interlibrary loan if you locate a good article that is not online. These articles must be cited in your presentation as well as in a reference page at the end of your paper. You must use **APA Style** to cite your sources. If you are unfamiliar with APA Style check out the following website: http://owl.english.purdue.edu/owl/resource/560/01/.

   You will need to construct your paper applying a trauma model to the identified topic or presenting problem from one of your cases. You must incorporate the professional sources into your paper. Remember to **CITE** anything that is not your own work. Keep in mind that you are presenting a **SCHOLARLY** application/analysis of the model.

c. Brief theological reflection: In the final section of your paper, reflect theologically on the case you have selected. Pay particular attention to theological themes in client presentation and the work of the therapist in intervention. Be sure to cite any theologians or theological traditions upon which you draw for your reflection. Focus clearly on pastoral concerns the practice of counseling as ministry as you construct this section.

To write your case study, follow the steps outlined in the Research-Informed Clinical Case Study Rubric attached to the syllabus or on the CAMS site.

4. **PICK ONE: Organizational Research Project OR Community Agency Interview** Note: need to contact me no later than January 16th about agencies you may want to interview or organizations to research. (30%) – DUE January 23rd

a) **Organizational Research Project**: Explore 5 community, national, or international organizations that deal directly with an aspect of crisis intervention or trauma work. Gather information on these agencies (i.e., goals, structure, services, funding, outcomes, research, support). Present a written 4-6-page summary of your findings (can be bullet points, but do not copy and paste from the websites! Develop your own summary), and share any accompanying material (which will be returned if you wish). Post your summary to CAMS and email professor before class.

Send the professor a list of the organizations you plan to research no later than January.

OR

b) **Community Agency Interview**: Select a community agency that works with trauma cases and employs mental health professionals. Conduct an interview (30-45 minutes) with a mental health professional. Before calling to arrange an appointment, research the organization. Most have websites or annual reports you can review. You will share this information during a small group presentation. You may do this assignment in pairs, but your paper needs to be written independently!

By NO LATER than January, e-mail me and let me know which agencies you plan to contact. Again, check with me first. I want to be sure no more than 2 people conduct an interview at the same site.

Include the following questions in your interview, but feel free to ask other questions as time and interest permit. Be very considerate of the interviewee's time, and thank them!

(i) How did you choose your profession? (ii) How do you approach your work with regard to crisis intervention and trauma treatment? (iii) How do you think your work influences individuals, families, and communities at the local, regional, and/or national or international levels? (Depending on the type of interview you are conducting) (iv) How does your agency incorporate evidence-based practice into service delivery? (v) What specific considerations do you have when working with diverse clients (e.g., culture, age, and gender differences)? (vi) What are your favorite and most challenging aspects of your position? (vii) How do you manage self-care?

Write a 4-5-page summary of the interview. The paper should discuss information collected in the interviews, your personal responses/reactions, and how this interview may influence your career direction.

Required Texts:

Briere, J. & Scott, C. (2015). Principles of Trauma Therapy: A guide to Symptoms, Evaluation and Treatment. Sage Publications.

Herman, J. L. (1997). Trauma and Recovery: The aftermath of violence from domestic abuse to political terror. Basic Books.

Rambo, S., Keller, K. (2010). Spirit and trauma: a theology of remaining. Louisville, KY: Westminster/John Knox.

Recommended Texts:

Courtois, C.A. & Ford, J.D. (2009) Treating complex traumatic stress disorders: An evidence-based guide. The Guilford Press. New York, NY.

Dimeff, L., & Koerner, K. (2007) Dialectical Behavior Therapy in Clinical Practice: Applications across disorders and settings. Guilford Press.

Foa, E., Hembree, E., Olaslov, R. (2007) Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences therapist guide. Oxford University Press. New York, NY.

Najavitz, L. (2002) Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. The Guilford Press, New York, NY.

Schauer, M., Neuner, F., Elbert, T. (2005) Narrative Exposure Therapy: A Short-term Intervention for Traumatic Stress Disorders after War, Terror, or Torture, Hogrefe & Huber, Ashland, OH.

Zayfert, C. & Becker, C. B. (2008). Cognitive Behavioral Therapy for PTSD. New York: Guilford Press.

Recommended Trainings:

Trauma-Focused Cognitive Behavioral Therapy (CBT): http://tfcbt.musc.edu. (4-10 hours)

The National Child Traumatic Stress Network: http://www.nctsn.org/resources/training-and-education - q2

International Society for Traumatic Stress Studies: http://www.istss.org/Online_Trauma_Training.htm

Use of Inclusive Language
In accordance with seminary policy, students are to use inclusive language in class discussions and in written and oral communication by using language representative of the whole human community in respect to gender, sexual orientation, ethnicity, age, and physical and intellectual capacities. For more information see: http://lpts.libguides.com/content.php?pid=469569&sid=4083885 Direct quotations from theological texts and translations of the Bible do not have to be altered to conform to this policy. In your own writing, however, when referring to God, you are encouraged to use a variety of images and metaphors, reflecting the richness of the Bible's images for God.

Academic Honesty
All work turned in to the instructors is expected to be the work of the student whose name appears on the assignment. Any borrowing of the ideas or the words of others must be acknowledged by quotation marks (where appropriate) and by citation of author and source. Use of another's language or ideas from online resources is included in this policy, and must be attributed to author and source of the work being cited. Failure to do so constitutes plagiarism, and may result in failure of the course. Two occurrences of plagiarism may result in dismissal from the Seminary. Students unfamiliar with issues related to academic honesty can find help from the staff in the Academic Support Center. For more information, see the Policy for Academic Honesty in the Student Handbook.

Special Accommodations
Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center (kmapes@lpts.edu) during the first two weeks of a semester (or before the semester begins) and should speak with the instructor as soon as possible to arrange appropriate adjustments. Students with environmental or other sensitivities that may affect their learning are also encouraged to speak with the instructor.

Citation Policy

Citations in your papers should follow Seminary standards, which are based on these guides:

American Psychological Association. *Publication Manual of the American Psychological Association*. 6th ed. Washington, DC: American Psychological Association, 2010.

Turabian, Kate L., Wayne C. Booth, Gregory G. Colomb, and Joseph M. Williams. *A Manual for Writers of Research Papers, Theses, and Dissertations: Chicago Style for Students and Researchers*. 8th ed. Chicago: University of Chicago Press, 2013.

The Chicago Manual of Style. 16th ed. Chicago: University of Chicago Press, 2010.
Copies of these guides are available at the library and in the Academic Support Center.

Attendance Policy
According to the Seminary catalog, students are expected to attend class meetings regularly. In case of illness or emergency, students are asked to notify the instructor of their planned absence from class, either prior to the session or within 24 hours of the class session. Six or more absences (1/4 of the course) may result in a low or failing grade in the course.

Make-Up Work Policy
No make up work for unexcused absences will be accepted. Simply emailing the instructors informing them that you will be absent (for any reason) will **not** count as an excused absence, and therefore will count as an unexcused absence. Unexcused absences will result in a score of "0" for any assignments due on the day of your absence. Acceptable excused absences include death of an immediate family member, an obligatory school function or illness with a doctor's note. In order for these absences to be **excused**, students must provide documentation of their absence. If you have an excused absence, you will be allowed to make-up assignments that you missed as a result of your absence. Arrangements for make-up assignments are to be coordinated with the instructors.

Email Policy
Emails will be responded to as quickly as possible. However, emails sent on the weekend may not be responded to until Monday. It is highly recommended that you provide sufficient time before an assignment is due for receiving a response to an email asking a question.

Summary of Class Grading Percentages

15%	Assigned Readings, Class Participation, Attendance
15%	Mind-Body Intervention Rationale and Demonstration (DUE January 15th)
40%	Research-Informed Clinical Case Study and Presentation (Idea due January 16th; Final DUE January 23rd)
30%	Organizational Research Project/Community Agency Interview (DUE January 30th)
100%	Total

Grading Scale

A = 90%-100%
B = 80%-89%
C = 70%-79%
D = 60%-69%
F = 59% or lower

Assessment Rubric

Class: Assessment & Treatment of Trauma from a Systems Perspective

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.

Assignment: Mind-Body Intervention

Directions: See Syllabus

Exceeds Expectations for level of training (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
`	Presentation demonstrates good understanding of technique and its application to the practice of MFT.	Presentation demonstrates marginal understanding of technique and its application to the practice of MFT.		SLO: 1 MFTC: 1.2.1, 2.2.5 Score:

Assignment: Class Reading and Participation

Directions: See Syllabus

Exceeds Expectations for level of training (9-10)	Expected (6-8)	Marginal (3-5)	UA (0-2)	
1. Exceptional engagement in class discussions.	Engages in class discussion is a professional and thoughtful way.	Participates in class discussions marginally.		SLO: 1, 6 MFTC: 5.5.2 Score:
2. Demonstrates exceptional understanding of reading and application in class discussions.	Demonstrates good understanding of reading and application in class discussions.	Demonstrates marginal understanding of reading and application in class discussions.		SLO: 1, 2, 6 MFTC:1.2.3, 2.1.3, 2.1.4, 2.2.5, 3.1.1, 5.2.2 Score:

Assignment: Research-Informed Clinical Case Study and Presentation

Directions: The paper will consist of an identification of a trauma(s) depicted in the movie, a narrative summary of what occurred and the family members involved, followed by your conceptualization of the system based on the trauma model you've selected. **Due dates for movie choice and trauma model choice are listed in the course schedule.**

5. Choose a movie or book of interest from the list in Appendix A. The movies involve individuals, couples, or families who have experienced some kind of trauma. Your job is to analyze the situation based on the trauma treatment model you have chosen and formulate these relationships in the form of their presenting problem and case conceptualization (i.e., assessment, treatment plan, theory of change based on the trauma model you have selected).
6. Select an evidence-based trauma treatment model from which to analyze your clinical case. **Note: The model chosen must be one that we have covered in the course.**
7. Find a minimum of 10 peer-reviewed research articles and 1 or more books on the trauma model you have selected.
8. Find a minimum of 5 peer-reviewed research articles on the presenting problem or trauma identified in your case.
9. Follow the steps outlined in the Research-Informed Clinical Case Study Integration Guide below.

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.

- **Introduction to the Client and Trauma Treatment Model**
  - Describe the unit of treatment (e.g., individual, couple, family)
  - Include contextual information (gender, class, ethnicity/race, religion, vocation, spirituality, historical and cultural concerns)
  - Provide a brief overview of your evidence-based trauma model (problem conceptualization, theory of change, key concepts and terms)

	Exceeds Expectations (9-10)	**Expected (6-8)**	**Marginal (3-5)**	**UA (0-2)**	**Category I Ave. Score:**
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 Score:

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 Score:

Category III: Clinical/Pastoral Assessment [1]
Description:

A. **Background Information**
- Recent: traumatic event/context, life changes, first symptoms, other stressors, etc.
- Related Historical Background: education/grade in school, family history, related issues, past abuse, past trauma, previous therapy, medical/mental health history, etc.

B. **Systemic Assessment**

Identifying the interactional and relational patterns in the client's family and social network (Here you will likely bring your own developing knowledge of family systems to the trauma model you've selected since many of the evidence-based trauma models are not inherently systemic or derive from MFTs.)
- Identify client and relational strengths
- Identify family structure and interaction patterns (this may be particularly telling in the case of domestic

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

violence and abuse)
- Identify intergenerational patterns (again, you likely will see themes of abuse throughout generations)
- Construct a genogram (at least 2 generations beyond the family in treatment)

C. **Clinical Assessment**
- Clinical Interview (immediate level of safety, trauma exposure, effects of trauma)
  i. General Clinical Interview (see Briere & Scott, 2015; Ch. 3)
  ii. Structured Interview (see Briere & Scott, 2015; Ch. 3)
- Psychological Tests
  i. Generic Tests
  ii. Trauma-specific Tests
- DSM-5 Diagnosis
  i. Provide your theoretical rationale for diagnosis and treatment.
  ii. Consider contextual factors for making diagnosis (e.g., age, gender, culture, language, religion, economic, immigration, sexual orientation, trauma, dual diagnosis/comorbidity, addiction, cognitive ability, other)
  iii. Consider possible comorbidities between stress-related disorders (PTSD, ASD), depression and anxiety disorders, substance abuse disorders, somatic disorders, and personality disorders

D. **Pastoral Assessment and Conceptualization**

	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 MFTC: 2.3.7, 2.3.8, 2.3.9 **Score for III.1:**
	2. Guiding theoretical model for assessment is clear, consistent and implemented with exceptional sensitivity or nuance.	2. Guiding theoretical model for assessment is clear and consistent	2. Theoretical model that guides assessment is either unclear or misrepresented.	**UA**	SLO: 1,2,4 MFTC: 3.1.1, 4.1.1, 4.3.1 **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 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	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 MFTC: 2.3.1, 2.3.8, 2.4.3 **Score for III.4:**

	thoroughly considered.				
	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 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 MFTC: 2.2.3, 2.3.8, 2.4.3, 4.3.2 **Score for III.6:**
	7. Conclusion uses specific assessment data to construct a clear and concise statement of what the "client problem" is that can be used to construct a treatment plan.	7. Conclusion uses appropriate assessment data to construct a statement regarding the nature of the "client problem."	7. Conclusion uses weak or no data to construct a statement regarding the nature of the "client problem."	**UA**	SLO: 1,2,4 MFTC: 1.4.1, 3.2.1 **Score for III.7:**
	8. DSM-5 diagnosis is complete, appropriate and accurate in relation to statement of client problem; evidence of careful and nuanced use of DSM-5 as related to systemic thinking and MFT models of practice.	8. DSM-5 diagnosis is provided, relates to statement of client problem; evidence of how DSM-5 diagnosis relates to systemic thinking and MFT models of practice.	8. DSM-5 diagnosis is absent, incomplete or inappropriate in relation to statement of client problem. Does not attend to how DSM-5 relates to systemic thinking or MFT models of practice.	**UA**	SLO: 1,2,4 MFTC: 2.1.2, 2.1.4, 2.1.5, **Score for III.8:**
	9. Assessment reflects clear systemic analysis (attention to interactional, emotional, structural systems); Genogram clearly reflects observations of family history, structure, and systemic issues.	9. Assessment includes attention to systemic analysis. Genogram is present with evidence of attention to systemic issues.	9. Assessment lacks sufficient systemic awareness. Genogram fails to provide clarity around family systems.	**UA**	SLO: 1,2,4 MFTC: 2.3.3, 1.3.1, 2.3.6, 2.3.7 **Score for III.9:**
	10. Legal and/or ethical problems or dilemmas related to the case are identified, described and show excellent analysis.	10. Legal and/or ethical problems or dilemmas related to the case are identified, described and evaluated.	10. Legal or ethical issues are poorly identified or description lacks clarity.	**UA**	SLO: 1,2, 3, 4 MFTC: 5.1.2, 5.2.1, 5.3.7 **Score for III.10:**
	11. Empirical/research information is clear and	11. Empirical/research information is present and	11. Empirical/research information is not	**UA**	SLO: 1,2,4 MFTC: 6.3.2

	concise, shows evidence of exploration of alternatives, and provides rationale for use in treatment.	appropriately supports assessment and treatment decisions.	present or does not clearly connect to client case.		6.4.1 **Score for III.11:**

Category IV: Treatment Planning and Summary of Treatment to Date
Description:

- **Summary of Treatment and Theory of Change (based on prior steps I-VI.)**
  - Therapeutic Contract
    - Informed Consent
    - Confidentiality
    - Limits to Confidentiality (Duty to Protect/Duty to Warn) (this is especially relevant in the context of abuse)
    - Creating Treatment Plan with Client(s)
  - Treatment Plan based on trauma treatment model
    - Define who is being treated, if medications are being used, and what contextual factors are considered in creating the treatment plan
    - Therapeutic Tasks – initial, working, and closing phase tasks of trauma therapy; should be informed by trauma model you have selected
    - Client Goals – what you imagine they might be given their presenting problem and level of functioning
    - Interventions – describe for each goal, 2-3 interventions per trauma model for achieving each goal
  - Theory of Change based on Trauma Model
    - Identify ways the individual/couple/family system could change that are consistent with the model's beliefs about relationships, healing, trauma symptom reduction, and presenting problems.

Your treatment plan should incorporate and reflect the theories of change as espoused by your model

	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:**
	5. Clear evidence of research of empirical literature about the case. Strong use of research findings to guide assessment, treatment planning, intervention and assessment of outcomes. Nuanced and clear written summary with clear documentation.	-Clear evidence of research of empirical literature related to case assessment, treatment planning, intervention and assessment of outcomes. Coherent summary of empirical information, how this information relates to the case. Citations of literature reviewed..	Some evidence of empirical research related to the case, but no directly related to assessment, intervention or outcomes. Articles not cited or discussed in summary.		SLO:2 MFTC: 4.1.2, 6.1.1, 6.3.1, 6.3.2 6.3.4 Score: for IV.5
	6. 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.	6. 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.	6. 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.6:**
	7. Therapist shows exceptional ability to accurately evaluate client progress by effective use of client feedback (MyOutcomes.com), observable progress toward goals, and history of ongoing assessment and treatment planning and revision.	7. Therapist is able to accurately evaluate client progress by effective use of client feedback (MyOutcomes.com), observable progress toward goals, and history of ongoing assessment and treatment planning and revision.	7. Client progress is not evident or is unclear. Little evidence of effective use of client feedback, observable progress toward goals, or ongoing treatment planning and revision.	**UA**	SLO: 1 MFTC: 4.2.1, 4.3.1, 4.3.10, 4.4.3, 4.4.4 **Score for IV.7:**
	8. Demonstrates excellent use and integration of research and evidence-based practice	8. Demonstrates use and integration of research and evidence-based practice	8. Little evidence of information from research and evidence-based practice	**UA**	SLO: 1 MFTC: 6.3.2, 6.4.1 **Score for IV.8:**

Category V: Theological Reflection
Description:

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.

E. <u>For PR Level 3 only</u>: Describe your process of theologically evaluating the theories, methods and interventions you selected to work with this client family

F. <u>For PR Level 3 dual degree MDiv students only</u>: Briefly describe the hermeneutic and exegetical approach that guides your theological reflection and any use of scripture as related to the case and your interaction with clients.

	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:**
	4. Demonstrates exceptional attention in constructing a contextually sensitive[2] theological position for understanding client experience, assessment and treatment.	4. Demonstrates a contextually sensitive[3] theological position for understanding client experience, assessment and treatment.	4. Demonstrates some attention to contextually sensitive[4] theological position for understanding client experience, assessment and treatment.	**UA**	SLO 4, 5 MFTC: 1.2.1, 4.5.1 **Score for V.4:**
	5. Demonstrates excellence in relating material generated from theological or spiritual reflection to treatment concerns in a in a careful and nuanced way.	5. Demonstrates how material generated from theological or spiritual reflection impacts treatment concerns.	5. Demonstrates some ability relate theological or spiritual reflection to treatment concerns.	**UA**	SLO 4, 5 MFTC: 1.2.1, 4.5.1 **Score for V.5:**
	6. Demonstrates excellent use of critically examined hermeneutic and exegetical	6. Demonstrates use of critically examined hermeneutic and exegetical	6. Demonstrates some or little attention to critically examined	**UA**	SLO 4, 5 MFTC: 1.2.1, 4.5.1

[2] Gender, race, class, sexual orientation, differently abled, etc.

[3] Gender, race, class, sexual orientation, differently abled, etc.

[4] Gender, race, class, sexual orientation, differently abled, etc.

	skills in theological reflection	skills in theological reflection.	hermeneutic and exegetical skills in theological reflection		**Score for V.6:**

Category VI: Use of Self

Outline personal or use of self-issues relevant to your treatment of this case

Description: This topic could include countertransference, transference, differentiation, enmeshment, etc.

	Exceeds Expectations (9-10)	**Expected (6-8)**	**Marginal (3-5)**	**UA (0-2)**	**Category VI Score**
Rubric for Category VI	Shows exceptional attention and understanding of countertransference, transference, differentiation, enmeshment, etc.	Identifies issues of countertransference, transference, differentiation, enmeshment, etc. with recognized attempts to address these concerns.	Inadequately recognizes issues of countertransference, transference, differentiation, enmeshment, etc. and fails to address them appropriately.	**UA**	SLO: 1, 3, 5 MFTC: 4.4.2, 5.4.2, 5.5.2

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,

Aggregated Class Score: Trauma

	Mind-Body Assign I	Read Part 1	Read Part 2	Case Stud Assig IV Cat I	CSt Cat II	CSt Cat III. 1	CSt Cat III. 2	CSt Cat III. 3	CSt Cat III. 4	CSt Cat III. 5	CSt Cat III. 6	CSt Cat III. 7	CSt Cat III. 8	CSt Cat III. 9	CSt Cat III.10	CSt Cat III.11	CSt Cat IV.1	CSt Cat IV.2	CSt Cat IV.3	CSt Cat IV.4	CSt Cat IV.5	CSt Cat IV.6	CSt Cat IV.7	CSt Cat V.1	CSt Cat V.2	CSt Cat V.3	CSt Cat V.4	CSt Cat V.5	CSt Cat V.6	CSt Cat VI	CSt Cat VII
Student																															
1																															
2																															
3																															
4																															
5																															
6																															
7																															
8																															
9																															
10																															
Mean Score																															
SLOs	1	1, 6	1, 2, 6	1	1	1, 2, 4, 5	1, 2, 4, 5	1, 2, 4, 5	1, 2, 4, 5	1, 2, 4, 5	1, 2, 4, 5	1, 2, 4, 5	1, 2, 4, 5	1, 2, 4, 5	1, 2, 4, 5	1, 2, 4, 5	1	1	1	1	1	1	1	4, 5	4, 5	4, 5	4, 5	4, 5	4, 5	1, 3, 5	NA
MFTCs	1.2.1 2.2.5	5.5.2	1.2.3 2.1.3 2.1.4 2.2.5 3.1.1 5.2.2	1.2.1 1.3.1	1.2.1 1.3.1	2.3.7 2.3.8 2.3.9	3.1.1 4.1.1 4.3.1	2.1.4 2.1.5 2.1.6	2.3.3 1.3.1 2.3.6 2.3.7	2.2.2 2.2.3 2.3.1 2.2.3	2.3.1 2.3.8 2.4.3	2.2.3 2.3.8 2.4.3 4.3.2	5.1.2 5.2.1 5.3.7	6.3.2 6.4.1	1.4.1 3.2.1	2.1.2 2.1.4 2.1.5	3.3.1 3.3.2 3.3.5	3.2.1 3.3.1	3.3.1 3.3.4	3.3.5 3.4.1	3.3.5 3.4.1 4.3.1	4.2.1 4.3.1 4.3.10 4.4.3 4.4.4	6.3.2 6.4.1	1.2.1 4.5.1	1.2.1 4.5.1	1.2.1 4.5.1	1.2.1 4.5.1	1.2.1 4.5.1	1.2.1 4.5.1	4.4.2 5.4.2 5.5.2	3.5.3 5.5.1