

**Introduction to Family Therapy**  
**PC 3043**  
**Fall 2017**  
**Mondays 2:00 -4:50 PM**  
**Schlegel Hall 121**

Professor: **Ashley Hicks White, Ph.D, LMFT**  
Email: [ahicks@lpts.edu](mailto:ahicks@lpts.edu)  
Office: Schlegel 202

*“In every conceivable manner, the family is the link to our past, the bridge to our future”*  
Alex Haley

**Course Description**

This course provides theoretical and practical foundations for beginning practice of family therapy. In this course, students will:

1. Explore the nature and development of family therapy as a field of study and professional practice;
2. Develop competence in systemic thinking and analysis as it applies to family organization, family processes and therapeutic intervention with family systems;
3. Acquire basic understanding of theory and procedures of Structural Family Therapy, Contextual Family Therapy, and Solution-Focused Brief Therapy
4. Develop basic understanding of and competence in fundamental clinical logic and practices
5. Acquire a basic understanding of therapist formation, basic clinical competencies, and how one becomes a MFT.

**Required Texts**

Becvar, D. S., & Becvar, R. J. (1999). *Systems theory and family therapy: A primer*, Second edition. University Press of America. **Print Reserve in Library.**

McGoldrick, M., Gerson, R. & Shellenberger, S. (2008). *Genograms: Assessment and intervention*, 3rd ed. NY: Norton. **Print Reserve in Library.**

Napier, A. Y., & Whitaker, C. A. (1988). *The Family Crucible: The Intense Experience of Family Therapy*. Harper Collins. **Print Reserve in Library.**

Interactive Guide to Family Therapy Online Edition (Solutions Unlimited Online Access). Must be purchased online for \$35.00 here: <http://solutionsunlimited.co.nz/page19.html>

Access to Required reading on CAMS

**Recommended Texts (Optional)**

Dattilio, F. M., Jongsma Jr, A. E., & Davis, S. D. (2014). *The Family Therapy Treatment Planner, with DSM-5 Updates*. John Wiley & Sons.

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

McGoldrick, M. (2016). *The Genogram Casebook: A Clinical Companion to Genograms: Assessment and Intervention*. WW Norton & Company.

### **Required Readings and Resources (CAMS)**

Bannink, F. P. (2007). Solution-focused brief therapy. *Journal of Contemporary Psychotherapy*, 37(2), 87-94.

Carlson, T. D., & Erickson, M. J. (1999). Recapturing the person in the therapist: An exploration of personal values, commitments, and beliefs. *Contemporary Family Therapy*, 21(1), 57-76.

Carr, A. (1998). MICHAEL WHITE'S NARRATIVE THERAPY. *Contemporary Family Therapy: An International Journal*, 20(4), 485-503.

Family Therapy Magazine Sept/Oct 2008 edition: Genogram of Family Therapy. pp 13-22

[http://www.aamft.org/members/familytherapyresources/articles/08\\_FTM\\_05\\_12\\_21.pdf](http://www.aamft.org/members/familytherapyresources/articles/08_FTM_05_12_21.pdf)

Family Therapy Magazine Sept/Oct 2008 edition: Family Therapy Pioneers: A Directory. pp 23-60.

[http://www.aamft.org/members/familytherapyresources/articles/08\\_FTM\\_05\\_23\\_60.pdf](http://www.aamft.org/members/familytherapyresources/articles/08_FTM_05_23_60.pdf)

Frank, C. (1984a). Contextual family therapy. *American Journal of Family Therapy*, 12(1), 3-6.

Frank, C. (1984b). Major constructs of contextual therapy: An interview with Dr. Ivan Boszormenyi-Nagy. *American Journal of Family Therapy*, 12(1), 7-14.

Iveson, C. (2002). Solution-focused brief therapy. *Advances in Psychiatric Treatment*, 8(2), 149-156.

Nichols, M.P. (2013). *Family Therapy Concepts and Methods* (10<sup>th</sup> edition) pp. 245-265

Sprenkle, D. H., & Blow, A. J. (2004). Common Factors and Our Sacred Models. *Journal Of Marital & Family Therapy*, 30(2), 113-129.

Trepper, T.S. (2012). Solution-focused brief therapy with families. *Asia Pacific Journal of Counselling and Psychotherapy*, 3(2), 137-148.

Zygmund, M. J., & Boorhem, H. (1989). Ethical decision making in family therapy. *Family Process*, 28(3), 269-280.

**Course Objectives and Expected Student Learning Outcomes**

<i>By the end of the semester, students will:</i>	<i>Student Learning Outcomes (SLO) &amp; MFT Competencies (MFTC:)</i>	<i>Assessment Signature Assignments</i>
Demonstrate basic knowledge of a broad systemic perspective as it relates to human interaction in diverse family, romantic and professional relationships.	SLO: 2 MFTC Domain 1	-Reflection Papers - Case Conceptualization -Final Exam
Be able to use systemic categories to conceptualize family organization, family subsystems, and transgenerational processes in a therapeutic context	SLO: 2 MFTC Domains 1 & 2	-Reflection Papers - Case Conceptualization - Personal Genogram project
Demonstrate understanding of interactions of class, race, gender, and cultural experience on theory development and intervention procedures	SLO: 1 & 4 MFTC Domains 1 & 2	-Case Conceptualization -Reflection papers
Be able to discuss the history of Marriage and Family Therapy, development of its methods and its professional requirements (licensing, etc.)	SLO: 2 MFTC Domain 1	-Reflection Papers -Final Exam
Demonstrate basic knowledge of primary models of Family Therapy and how they are used to guide the clinical practice of Marriage and Family Therapy	SLO: 1 & 2 MFTC Domains 1 & 4	-Reflection papers -Final Exam
Be able to describe how Marriage and Family Therapy Differs from other clinical disciplines	SLO: 2 MFTC Domain 1	-Reflection Papers -Final Exam -Book review
Be able to describe basic counseling processes from intake to termination of therapy	SLO: 2, 3, & 5 MFTC Domains 1,2, & 3	- Case Conceptualization -Reflection papers -Book review
Demonstrate a beginning ability to relate theological/spiritual concepts, contexts and meanings to the theory and practice of marriage and family therapy.	SLO: 4 & 5 MFTC Domains 1, 2, 4	-Reflection Papers
Demonstrate a beginning understand of self of the therapist and how personal experiences impact development of therapist identity and practice of therapy.	SLO: 3 MFTC Domain 7	-Reflection Papers - Personal Genogram Project

**Course Requirements:**

<b>Assignments and Grading</b>		
Description	Due Date	Grading Criteria
<b>Course Engagement and Attendance (10%)</b>	<b>Ongoing</b>	<ul style="list-style-type: none"> <li>Attend class regularly and on time</li> <li>Complete required readings</li> <li>Engage in classroom discussion</li> <li>Turn in complete assignments on time and in required format</li> </ul>
<b>Assigned Reflection Papers (15%)</b> Topics assigned in schedule	<b>See Schedule</b>	<ul style="list-style-type: none"> <li>Clear and concise writing</li> <li>Critical thinking about topic</li> <li>Relates to reading and discussion</li> <li>Demonstrates systemic thinking and family therapy awareness</li> </ul>
<b>Personal Genogram Project (15%)</b> The Genogram Project has 4 parts: 1) A basic 3-generational genogram 2) The same genogram with relational, cultural, and spiritual patterns added 3) A 2 page Systems analysis based on your Family of Origin (FOO) 4) A 2 page reflection on how your FOO has influenced you.	<b>10/23/17</b>	<ul style="list-style-type: none"> <li>Clear and completely constructed genogram</li> <li>Use of legend and appropriate symbols</li> <li>Demonstrates ability to engage issues of culture, race, gender, spirituality, and other aspects of family context</li> <li>Clear and concise writing</li> <li>Critical thinking about topic</li> <li>Demonstrates systemic thinking and family therapy awareness</li> </ul>
<b>Book Review and Discussion (15%)</b> Read and write a critical review (7 pages maximum) of: Napier & Whitaker (1978). The Family Crucible.  Be present on the day of class discussion to discuss and critique the text.	<b>11/13/17</b>	<ul style="list-style-type: none"> <li>Clear and concise writing</li> <li>Provides brief summary of content</li> <li>Critical engagement with the author and author's thesis and thoughts</li> <li>Identifies and develops ideas with personal or professional significance</li> <li>"Personalizes" review the text—how it affects or applies to you and your professional choices</li> </ul>
<b>Case Conceptualization (20%)</b> Using the family case study provided, select <i>either</i> a <u>structural</u> , <u>contextual</u> , or <u>solution focused</u> approach and apply this approach to the family. A handout with guidelines will be given, though basically you will include background information, assessment of the family along the lines of healthy functioning, constructs associated with this approach applied, role of the therapist, goals of treatment, and how you might use the techniques of this approach with a rationale for use.	<b>12/4/17</b>	<b>See Rubric</b> <ul style="list-style-type: none"> <li>Clear and concise writing</li> <li>Demonstrates applied knowledge of the constructs of the approach you select</li> <li>Overall presentation of the material and thoroughness</li> </ul>
<b>Final Examination (25%)</b> The final exam will be a 120 question multiple choice examination available on the computer in the library. It is meant to: 1) test your mastery of the knowledge expected in this course, 2) approximate and prepare you for the MFT Exit Examination, and 3) help you prepare for the national MFT examination you must take prior to licensing.	<b>12/14/17</b>	Students will be provided with a study guide for the final exam in class on October 23rd. Students will also be provided the opportunity to take a 50 question practice examination in the library computer lab at their convenience starting the week of October 22nd. Students will have the opportunity to take the practice exam one time during the time period of October 22 <sup>nd</sup> – December 8 <sup>th</sup> .

**Fall 2017 Course Schedule** (course schedule subject to change at professor's discretion)

Topic	Date	Classroom	Assignment/Reading
Introduction to course  Syllabus Review  MFT History and Context	9/11	Lecture  Discussion	1) Solutions Unlimited a) What is the Meaning of Family Therapy b) Qualities of Family Therapy c) Obstacle Course d) Origin of Family Therapy e) Founders of Family Therapy  2) Family Therapy Pioneers: A Directory (CAMS)  3) <b>One page paper: Your thoughts, surprises and reactions to MFT history</b>
Systemic Foundations	9/18	Linear vs system  Vocabulary & Concepts	1) Becvar & Becvar Chs. 1, 2, 3, & 4  2) Solutions Unlimited a) Modern Arts Gallery b) Archives of Often Forgotten Influences  3) <b>Two Page Paper: Systems vs Linear Thinking</b> a) <b>Write a one page paper describing the difference between systems thinking and linear thinking using your own words.</b> b) <b>Then, identify a recent problem or issue you have encountered. It can be a personal problem or a social issue that you are passionate about.</b> c) <b>Write a one page explanation of how you might conceptualize this problem/issue systemically rather than linearly.</b>
Family Development & Process	9/25	Family Life Cycle Cultural Dimensions Individual differences Family Characteristics Contexts/Beliefs/Attributes	1. Becvar & Becvar (2012), Ch. 5,6,& 7  2. Solutions Unlimited a. Instruction Wing: i. Components of Family Therapy ii. Characteristics of Family Members  3. <b>Three page paper: Your understanding of "family."</b> a. <b>Describe how you understand or define family.</b> b. <b>How does this understanding relate to your cultural heritage, theological/religious commitments and personal experience in your own family?</b> c. <b>Account for influences that lead you to understand "family" in this way.</b>
Systemic Thinking and Family Therapy	10/2	Therapeutic Manifestations: • Structural  Introduction to Family Mapping	1. Becvar & Becvar (2012), Ch. 8, 9, &10  2. McGoldrick, Gerson, & Petry (2008). Ch. 1  3. Family Therapy Genogram (CAMS)  4. Solutions Unlimited a. Datillo Video b. Systems Control
Observing Family Process and Context  Approaching Therapy	10/9	Creating Genograms  Person of the Family Therapist - Personal Values and Self-Analysis - Influences from Family of Origin	1. McGoldrick, Gerson, & Petry (2008). Ch. 2, 3, & 4  2. Carlson & Erikson (1999) – CAMS  3. Solutions Unlimited a. Philosophy Garden b. Serenity Center

Research and Study Week	10/16	NO CLASS	NO CLASS
Family Therapy Theory	10/23	Therapeutic Manifestations: •Contextual Therapy Theory  Person of the Therapist Continued	1. Frank (1984a) and Frank (1984b) – CAMS 2. Solutions Unlimited a. Arts and Crafts Studio  <b>3. Personal Genogram Project Due</b>
Engaging Spirituality in Therapy	10/30	Engaging Spirituality in Therapy	1. Griffith J. and Griffith, M. (2001). Encountering the sacred in psychotherapy. NY: Guilford. Ch. 2 & 3.  2. McGoldrick, Gerson, & Petry (2008). Ch. 5  3. Solutions Unlimited a. Screen: How to DO Family Therapy b. Pre therapy stage c. First session
Ethics in Therapy	11/6	Ethical Decision Making in Family Therapy	1. McGoldrick, Gerson, & Petry (2008). Ch. 6, & 7 2. AAMFT Code of Ethics: <a href="http://www.aamft.org/iMIS15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx">http://www.aamft.org/iMIS15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx</a> 3. Zygmund & Boorhem (1989)
Book Discussion  Introduction to Solution Focused Brief Therapy	11/13	Book review discussion: The Family Crucible  From problem solving to solution focused	1. Solutions Unlimited a. Hall of Inspiration  2. Nichols, M.P. 2013, 245-265 – CAMS  3. <a href="https://solutionfocused.net/what-is-solution-focused-therapy/">https://solutionfocused.net/what-is-solution-focused-therapy/</a>  4. <b>Book Reviews Due</b>
Solution Focused Brief Therapy	11/20	Solution-Focused Brief Therapy: Workbook  In class activities	1. Iveson (2002)  2. Bannink (2007)
Postmodern approaches  Effectiveness of Family Therapy	11/27	SFBT wrap up  Narrative Therapy  Common Factors in Family Therapy	1. Carr (1998) 2. Sprenkle & Blow (2004)
Final Class	12/4	Last Day of Class Q&A Evaluations	<b>1. Case Conceptualization Due</b>

## Course Policies

**Student responsibility-** Class attendance is expected. Read the assigned material prior to each class session and come to class prepared to participate in the discussions. You are responsible for all assignments, material presented in class, as well as in the text. Lectures may supplement, highlight, or bring something entirely different from what is included in the text.

**Classroom Behavior** - Tardiness and early departures are distracting and not appreciated by me as the instructor, nor your fellow classmates. Please avoid these behaviors unless absolutely necessary. **You are expected to adhere to the following principles during class: 1) no text messaging, phone calls, emailing, or surfing the internet; and 2) no side conversations irrelevant to the class.**

**Issues of Privacy and Confidentiality** - Given the potentially sensitive nature of the course topics we need a supportive and respectful environment that allows the ability to share viewpoints, experiences, and thoughts. Please do not discuss anything that people share in class with others outside of the class. In other words, please exercise confidentiality, any discussion in the class should stay in the class

**Inclusive/Expansive Language** – The practice of using inclusive language is encouraged of all LPTS staff, students, and faculty. In classroom discussions and writing assignments it is important to avoid divisive terms that reinforce stereotypes or are pejorative. Please access the following web page for resources to assist in using non-biased language:  
<http://www.lpts.edu/academics/academic-resources/guides-policies-and-handbooks/inclusive-and-expansive-language>

**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. **Three or more absences (1/4 of the course) will result in a failing grade in the course.**

**Late work** –Assignments are due at the beginning of class unless otherwise specified. Due dates for every assignment are provided on the course syllabus and course schedule. **An assignment submitted within 24 hours of the due date will only be eligible for 80% of the maximum number of points allotted. Assignments submitted more than 24 hours after the due date will not be accepted.** There are no make-ups for in-class writing, activities, or the final exam. If you experience extenuating circumstances (e.g., you are hospitalized) that prohibit you from submitting your assignments on time, please let me know. I will evaluate these instances on a case-by-case basis.

**Writing guidelines** - All assignments should be submitted typed in 12-point font using Times New Roman one-inch margins, and double-spaced. Homework assignments assume a certain level of writing skills, and points will be deducted if your writing assignments are difficult to read due to poor writing. If you need assistance with your writing, please visit the LPTS online writing lab, <http://lpts.libguides.com/OWL>, or schedule an appointment with the academic support center (ASC).

**All assignments should be completed using APA format 6th edition.**

If you have questions, please see the following resources:

American Psychological Association. (2010). *Publication manual of the American Psychological Association*. Washington, DC: American Psychological Association.

Purdue Online Writing Lab: <http://owl.english.purdue.edu/owl/resource/560/01>

**Assignments that do not meet the writing guidelines will be returned for correction and will not be graded until corrected. Assignments will be reduced by 10% for each day (including the initial due date) after the assignment is late due to failure to adhere to the writing guidelines.**

**Drop/Withdrawal** - If you decide to withdraw from this course, you must follow the Registrar's Office's specified procedures. A student can change course load during the first two weeks of regular semesters with no notation on their transcript. After the first two weeks, the student may withdraw and receive a WP or WF notation. Withdrawal from a course during the last four weeks of class will result in a failing grade; withdrawal for medical reasons may be an exception. Students seeking a withdraw-medical (WM) must file a formal written request with the Dean of the Seminary no later than 5 p.m. of the last day of classes of the term in which the course is taught. In the case of medical causes, a student who receives a withdraw-medical will be required to submit to the Dean of the Seminary certification from the treating physician or therapist of the student's ability to resume academic and professional work before being readmitted to classes in the following term or semester.

**Academic Honesty** - All work turned in to the instructor 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. Multiple occurrences of plagiarism may result in dismissal from the Seminary. Students unfamiliar with issues relating to academic honesty can find help from the staff in the Academic Support Center. For the Seminary policy, Student Handbook, p. 16.

**Special Accommodations** - Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center during the first two weeks of a semester. Anyone who feels they may need an accommodation based on the impact of a disability should contact me to arrange an appointment within the first 3 class sessions. At the appointment we can discuss the course format, anticipate your needs and explore potential accommodations. Students with environmental or other sensitivities that may affect their learning are also encouraged to speak with the instructor.

### **Grading Scale and Philosophy**

A 96.6-100  
A- 93.6-96.5  
B+ 90.6-93.5  
B 87.6-90.5  
B- 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

Individuals admitted to graduate study are expected to perform consistently and well in academic work. This is translated into grades in the following way:

1. Basic mastery of the body of knowledge at a level expected in graduate study will earn scores in the B to B+ range.
2. Grades of A- are granted for work which demonstrates basic mastery of the body of knowledge, and independent thought about the subject matter.
3. Grades of A are granted for work which demonstrates mastery of the required body of knowledge, independent thought about the subject matter, and creative/integrative use of the material, exceptional writing which integrates the material into a student's own system of thought, and/or exceptionally well done or articulate research.
4. Scores C and below do not meet the standard expected for graduate level academic work.

## **Appendix I.**

**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).

### **MFT Student Learning Outcomes**

#### **SLO 1**

Graduating students will be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.

#### **SLO 2**

Graduating students will demonstrate a broad knowledge of systemic theory and MFT Treatment models and flexibly apply these to evidence-based practice.

#### **SLO 3**

Graduating students will be able to think ethically and make appropriate clinical decisions consistent with the highest ethical and professional standards as entry level clinical professionals.

#### **SLO 4**

Graduating students will demonstrate the ability to apply multicultural approaches to Marriage and Family Therapy and attend appropriately to religious, cultural, racial, economic, gender, and sexual orientation differences as these are experience in client systems, client-therapist systems, supervisory systems, and broader social systems.

#### **SLO 5**

Graduating students will be able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.

## **MFT Core Competency Domains (MFTC Domains)**

**Competency Domain 1-- Foundations of Treatment:** Knowledge of system concepts, skills to establish therapeutic relationships.

**Competency Domain 2--Clinical Assessment and Diagnosis:** Skills related to activities focused on the identification of the problems and concerns to be addressed in therapy.

**Competency Domain 3--Treatment Planning and Case Management:** Skills related to treatment planning with client/client family, managing case from intake to termination including referral and safety planning.

**Competency Domain 4--Therapeutic Interventions:** Skills used to ameliorate clinical problems and help client/client families with desired changes.

**Competency Domain 5--Legal Issues, Ethics, and Professional Standards:** All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.

**Competency Domain 6--Research Application:** Use of current MFT and behavioral health research to inform evidence-based clinical practice.

**Competency Domain 7--Self of Therapist:** Awareness and management of personal reactions to clients and treatment process and how these impact observation, intervention and clinical outcomes.

**Competency Domain 8--Theological and Spiritual Integration:** Attending to pastoral, theological and spiritual dimensions of therapy and therapist-client interactions.

**Competency Domain 9--Supervision and Collaboration:** Use of supervision and collaboration to improve skills and enhance client care.