

Practicum 1 – The Therapeutic Alliance and Basic Skills

PC 441

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Course Description

Practicum1 is the entry level of supervised clinical experience during which time the student gains understanding of the joining process, develops skill in establishing and maintaining the therapeutic alliance, and recognizes the importance of multicultural considerations. Entry-level students are expected to understand general principles of therapeutic change; how these principles and the therapeutic alliance are organized by MFT models of therapy; and to have a working understanding of the Solution Focused/Brief Therapy model.

Entry-level students develop basic skills in admitting clients to treatment, establishing preliminary clinical diagnosis, treatment planning, and ongoing assessment and management of client file documentation. In Practicum 1, students develop an awareness of contextual variables in therapy in a multicultural and systemic framework, demonstrating beginning skills in theological reflection and spiritual assessment.

Students utilize group supervision and individual clinical supervision for enhanced understanding of foundations of clinical practice and the initial formation of the self of the therapist. Students demonstrate awareness of ethical and legal considerations for the practice of therapy, including issues of confidentiality, consent to treatment, and assessment of risk.

The first level of Practicum includes the accumulation of 50-75 clinical hours with a ratio of 5 client hours to 1 supervision hour.

Objectives and Expected Student Learning Outcomes

	By the end of Practicum 1, students will . . .	Student Learning Outcomes (SLO) & MFT Competencies (MFTC)	Assessment / Signature Assignments
1.	Establish and maintain a therapeutic relationship with five clients in collaboration with other stakeholders in the therapeutic process.	SLO 1, 2, 4, 5 MFTC: 1.1.2 Understand theories and techniques of individual, marital, couple, family, and group psychotherapy 1.3.6 Establish and maintain appropriate and productive therapeutic alliances... 4.3.2 Deliver interventions in a way that is sensitive to special needs of clients 3.3.7 Collaborate with other stakeholders...family members, other significant persons and professionals not preset	Mid-Practicum Review Final Practicum Review Session Video ORS/SRS reports Monthly client file audits

<p>2. Establish appropriate treatment goals using a Solution Focused/Brief Therapy model, utilizing a systemic perspective, contextual information, client feedback and supervisory consultation.</p>	<p>SLO 1, 2,4, 5 MFTC: 2.1.5...Understand current models of assessment... 2.1.6 -Understand the strengths and limitations of models of assessment and diagnosis... 2.4.4 Assess the therapist-client agreement of therapeutic goals and diagnosis 3.2.1 Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan 3.3.1 Develop measurable outcomes, treatment goals, treatment plans and aftercare plans...[with] systemic perspective</p>	<p>Mid-Practicum Review Final Practicum Review Treatment planning ORS/SRS reports</p>
<p>3. Begin to organize observations of client/family processes from an integrative, multicultural conceptual perspective utilizing marriage and family therapy theory, clinical and risk assessments and empirical information appropriate for the client needs.</p>	<p>SLO 2, 4, 5 MFTC 1.4.1-Evaluate case for appropriateness... 2.1.1: Understand principles of...family development and processes 2.2.2...systematically integrate client report, observations...test results...to guide assessment process 2.3.1...Diagnose...systemically and contextually 2.3.6...Assess family...using a genogram or other instruments 2.4.2-Assess[own] ability to view issues and therapeutic processes systemically 3.1.1 Know which models...are most effective for presenting problems 3.3.4 Structure treatment to meet clients' needs and to facilitate systemic change 3.4.3 Evaluate level of risks, management of risks, crises and emergencies</p>	<p>Initial case write-ups Practicum 1 Case Write-Up Progress notes Assessment tools Client diagnosis</p>
<p>4. Demonstrate entry-level ability in using attending, influencing, and other intervention skills from a Solution Focused/ Brief Therapy model utilizing a variety of techniques consistent with multicultural considerations and the client context.</p>	<p>SLO 1, 3, 4, 5 MFTC: 3.3.5: Manage...therapy toward treatment goals 4.3.3 Reframe problems and recursive interaction patterns 4.3.6 Facilitate clients developing and integrating solutions to problems 4.3.2 Deliver interventions in a way that is sensitive to special needs of clients 4.4.4-Evaluate client reactions to intervention 4.4.2-Evaluate ability to deliver interventions...</p>	<p>Session video Progress notes Case write-up ORS/SRS reports</p>
<p>5. Demonstrate a beginning self-other awareness, with attention to counter-transference issues and willingness to address these in supervision.</p>	<p>SLO 3, 5 MFTC: 3.4.5...monitor personal reactions to clients and treatment processes... 4.4.4-Evaluate client reactions to intervention 4.5.2 Set appropriate boundaries, manage issue of triangulation, and develop collaborative working relationships</p>	<p>Initial case write-ups Session video Supervisor observation</p>
<p>6. Demonstrate entry-level awareness and adherence to professional ethical and legal standards.</p>	<p>SLO 3, 4, 5 MFTC: 5.1.1 Know...laws that apply to the practice of MFT 5.1.2 Know professional ethics and standards of practice [for] MFT 5.2.1 -Recognize the situations in which ethics, law, professional liability...apply 5.2.2 Recognize ethical dilemmas... 5.2.4 Recognize when clinical supervision or consultation is necessary 5.3.2 Develop/assess policies, procedures, and forms for consistency with standards of practice...</p>	<p>Initial case write-ups Progress notes Diagnosis and Treatment planning Supervisor observation</p>
<p>7. Begin to define supervisory needs and initiate responsibility for obtaining appropriate supervision to assure clinically competent client care, personal</p>	<p>SLO: 1, 3, 5 MFTC: 5.2.4 Recognize when clinical supervision or consultation is necessary</p>	<p>Supervisor observation</p>

growth, and professional development.		
8. Demonstrate beginning identity of self as pastoral counselor and marriage and family therapist in a spiritually informed model of practice that consistently provides client care from initial session through termination of the therapeutic process.	SLO 1, 5 MFTC: 1.1.4: Understand the risks and benefits of ...family...psychotherapy 1.3.2 Determine who should attend therapy...and configuration 4.3.2 Deliver interventions in a way that is sensitive to special needs of clients 4.5.1 -Respect multiple perspectives 5.3.7 Practice within defined scope of practice and competence	Complete 50-75 clinical hours Practicum log Practicum 1 Case Write-Up
9. Demonstrate professional administrative skills in managing establishment of clients, ongoing file documentation, discharge/ transfer of clients and confidentiality of client information and documentation.	SLO 1 MFTC: 1.5.2 Complete case documentation in a timely manner and in accordance with...laws and policies 1.5.3 Develop, establish, and maintain policies for fees, payment, record keeping and confidentiality 5.1.3 Know policies and procedures of practice setting	Monthly client file audits Supervisor observation Benchmarks as established by agencies if in off-campus site
<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 balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems.”</p> <p>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)</p>		
<p>Evidence-based Practice Definition: EBP is a “...practice-friendly approach to using research to enhance family therapy” (Gehart, 2010, 133).</p> <p>This approach looks to research to help clinicians make decisions in therapy about care for individual clients, couples and families.</p> <p>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).</p>		

Texts

Patterson, J., Williams, L., Edwards, T.M., Chamow, L., and Grauf-Grounds, C. (2009) *Essential Skills in Family Therapy: From the First Interview to Termination*. (2nd ed.) New York: The Guilford Press.

Marriage and Family Therapy Program Manual, Louisville Seminary, 2016 edition.

AAMFT Code of Ethics: http://aamft.org/iMIS15/AAMFT/Content/Legal_Ethics/code-of-ethics.aspx

Please note:

Spring Semester will include selected readings from:

Odell, M., Campbell, C.E. (1998). *The Practical Practice of Marriage and Family Therapy: Things My Training Supervisor Never Told Me*. Binghamton: The Haworth Press.

Assignments and Expectations:

Course assignments include readings from the texts, journal assignments, and participation in classroom discussion and role plays.

Each student should come to class having completed reading assignments, journal entries, and prepared to participate fully during class time.

Journals should include a reading completion list as well as written assignments.

Electronic Technology Policy: This is a low-to-no technology course during class time. There will rarely, if ever, be a need for using laptops, tablets, phones, or any other technology that takes attention away from the classroom. A paper notebook will be sufficient. If there is an overwhelming need for use of technology, please request permission from the professor.

Methods

- ◆ All Practicum 1 students will be assigned to group supervision in the first semester, with the addition of an individual clinical supervisor in the second semester. The group supervisor(s) will meet with Practicum 1 students on a bi-weekly basis in the fall and spring semesters. The individual supervisor, who is primarily responsible for supervision of the student's clinical work, will meet with student supervisees on a weekly basis beginning in the spring semester and will assist with evaluation of the student's progress in practicum.
- ◆ All Entry-Level Practicum students will serve at Louisville Seminary Counseling Center (LSCC) beginning in their second semester and may be placed at an additional off-campus counseling site in consultation with the Director of Clinical

Training once they have achieved a beginning level of competency in their work at LSCC.

- ◆ All Practicum students will participate in twice-monthly class sessions, twice-monthly Supervision Groups and periodic large group Case Conferences and/or informational meetings.
- ◆ All Practicum 1 students will complete a final Practicum Case Write-Up with a draft due to their individual supervisor at the mid-point of the level.

Evaluation and Grading

Data	Pass	Marginal	Fail
1. Supervisor's evaluation clinical faculty review of progress (see Supervisor Evaluation form). Reflects both how student met objectives and Global Assessment of Core Competencies (see below)			
2. Case Study/SIE (Practicum 1 and 2 assessed by Practicum professor using Case Study Rubric. Practicum 3 assessed by SIE Committee using SIE rubric.)			
3. Administrative/Practice Management evaluation (Assessed by Director of Clinical Training and Administrative Assistant): Student has responsibly attended to standards of practice for case records, professional behavior at LSCC and timely completion of administrative paperwork, keys, badge and other professional behavior.			
4. Participation in Group Supervision (Assessed by Group Supervision Supervisor)			
5. Participation in Practicum learning group (Assessed by Practicum Professor)			
6. Qualitative assessment by external placement supervisor (Reviewed and reported by Director of Clinical Training)			
7. Student clinical hours are appropriate to Practicum year and on target to meet 500 hour minimum, including 250 relational hours (Assessed and reported by Director of Clinical Training)			

Criteria for Final Practicum Grade:

- Using documentation described above (Data), the Practicum professor will assign a grade of Pass, Marginal or Fail.
- A Marginal score on any one data element (1-7) will result in Practicum grade of Marginal for the Practicum course and Probation (see MFT Manual). A Failing score on any one data element (1-7) will result in either a Marginal or Failing grade, dependent upon faculty assessment how critical the failing assessment is to the student's ability to continue in clinical practice. Failing scores

on more than one data element will result in a grade of Failing for the Practicum course.

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.

Schedule and Assignments

<i>Practicum 1 Class Meeting Schedule, Fall 2016-Spring 2017 (Group Supervision: See Group Supervision Master Schedule)</i>		
Date	Topic	Assignment
9/19/16	Introduction to Practicum Review of Syllabus	Patterson, Williams, Edwards, Chamow, and Grauf-Grounds (2009) <i>Essential Skills in Family Therapy: From the First Interview to Termination</i> , 2 nd Edition. <u>Read:</u> <i>Essential Skills</i> , Forward, Preface, and Ch 1: The Beginning Family Therapist <u>Journal Question:</u> What is your sense of why

		people come to therapy?
10/3/16	Basic Joining Skills and the Therapeutic Alliance Multi-cultural Considerations	<u>Read:</u> <i>Essential Skills</i> , Ch. 2: Before the Initial Interview and Ch. 6: Basic Treatment Skills and Interventions <u>Journal Question:</u> What is your understanding of how change happens?
10/24/16	Establishing Clients and Basic LSCC Policies and Procedures	<u>Read and Review:</u> your MFT Manual section related to LSCC and the MFT Code of Ethics. <u>Journal Question:</u> What ethical considerations are addressed by policies and procedures of the Louisville Seminary Counseling Center? <u>Note:</u> Journals will be collected today for review.
11/7/16	Solution Focused Brief Therapy and the Initial Session Establishment of Client Goal The Therapeutic Contract	<u>Read:</u> <i>Essential Skills</i> , Ch. 3: The Initial Interview and Ch. 5: Developing a Treatment Focus <u>Journal Question:</u> Write 5 Solution Focused questions for use in an initial session to gain insight into the client concern and to establish a client goal for treatment.
11/21/16	The Genogram and Ecomap Contextual and Systemic Considerations Use of Supervision Self of the Therapist	<u>Read:</u> <i>Essential Skills</i> , Ch. 4: Guidelines for Conducting Assessment. <u>Journal:</u> Create a basic genogram for yourself, including 3 generational levels. This can be on a separate sheet of paper or incorporated in your journal. <u>Note:</u> Journals, including genogram assignments will be collected today for review.
12/5/16	Spirituality and Theological Reflection	<u>Read:</u> To be determined
2/13/17	Initial Assessment and Considerations of Risk	<u>Read:</u> <i>Essential Skills</i> , Ch 9: When a Family Member Has a Mental Illness <u>Review:</u> LSCC Manual <u>Journal Question:</u> How do you view mental illness? Include reflection on how your thoughts were formed with reference to your

		context. Including multi-cultural and religious/theological considerations.
2/27/17	Case Write-Ups	<u>Read:</u> Case Write-Up Rubric in the MFT Manual. Bring Manual to course meeting.
3/20/17	What happens next? Treatment Planning: 3 Phases	<u>Read:</u> <i>The Practical Practice of MFT</i> , Ch 6: So What do I Do After the Intake? And <i>Essential Skills</i> , Ch 11: Termination.
4/3/17	Assessment and Diagnosis DSM-5 Form Review	<u>Read:</u> <i>The Practical Practice of MFT</i> , Ch 8: Referrals & the Use of Nonsystemic Tools, and Ch 9: Documentation and Case Management: The Job Ain't Done Till...
4/17/17	Expanding the System: Working with Families and Children	<u>Read:</u> <i>Essential Skills</i> , Ch. 7: Working with Families and Children, and <i>The Practical Practice of MFT</i> , Ch 7: Ways to Engage the Family in Therapy
5/1/17	Expanding the System: Working With Couples	<u>Read:</u> <i>Essential Skills</i> , Ch. 8: Working with Couples and Ch. 10: Getting Unstuck in Therapy.