## Practicum 1 – Therapeutic Alliance and Basic Skills

PC 441 Fall 2017 Mondays 9:30-10:50 a.m. NH 119

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#### **Course Description**

Practicum 1 is an entry level supervised clinical experience during which the student will learn basic counseling skills and procedures. Through structured exercises and closely supervised clinical experience, students will learn basic attending skills, establish therapeutic relationships, develop a beginning sense of self as therapist and learn appropriate use of supervision. The first level of Practicum includes, but is not limited to, a range of 50-75 hours of counseling at a ratio of 5 client hours to 1 hour of clinical supervision.

## **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. Initiate and establish a therapeutic relationship with a minimum of 5	SLO 1	Practicum 1 Case Study	
clients.	MFTC Domain 1	Practicum 1 mid- and final- practicum evaluation	
<ol> <li>Demonstrate consistent use of basic attending skills in</li> </ol>	SLO 1, 4	Practicum 1 Case Study	
counseling sessions.	MFTC Doman 1	Practicum 1 mid- and final- practicum evaluation	
3. Demonstrate a capacity to maintain self-differentiation when exposed to family systems adequate to maintain a beginning treatment relationship under supervision.	SLO 3 MFTC Domain 4, 7	Practicum 1 Case Study Practicum 1 mid- and final- practicum evaluation	
4. Demonstrate an ability to engage with clinical supervisor and make good use of clinical supervision.	SLO 1 MFTC Domain 9	Practicum 1 Case Study Practicum 1 mid- and final-	
5. Demonstrate a beginning awareness of issues of diversity	SLO 1, 4	practicum evaluation Practicum 1 Case Study	
that impact establishment of the therapeutic alliance with the	MFTC Domain 1, 4	Practicum 1 mid- and final- practicum evaluation	

assistance of supervision.					
assistance of supervision.					
<ol> <li>Demonstrate awareness and adherence to professional ethics,</li> </ol>	SLO 3	Practicum 1 Case Study			
legal issues, and standards of	MFTC Domain 5	Practicum 1 mid- and final-			
professional practice appropriate		practicum evaluation			
for a beginning therapist.					
7. Demonstrate a beginning awareness of pastoral identity, as	SLO 5, 6	Practicum 1 Case Study			
it relates to the practice of	MFTC Domain: 8	Practicum 1 mid- and final-			
spiritually-informed marriage and		practicum evaluation			
family therapy.					
8. Demonstrate a beginning ability	SLO 2, 5	Practicum 1 Case Study			
to think theologically and	, -				
theoretically about the	MFTC Domain 8	Practicum 1 mid- and final-			
therapeutic experience.		practicum evaluation			
9. Demonstrate a beginning ability	SLO 1	Complete 50-75 clinical hours			
to assist clients effectively					
through the therapeutic process.	MFTC Domain 3	Practicum 1 Case Study			
		Practicum 1 mid- and final-			
		practicum evaluation			
10. Demonstrate knowledge of	SLO 1	Practicum 1 Case Study			
LSCTC policies and procedures					
and those of other Practicum	MFTC Domain: 3	Practicum 1 mid- and final-			
sites.		practicum evaluation			
	icultural Therapy, according to D. W. Sue				
be defined as both a helping role and process that uses modalities and defines goals consistent with the life					
•	ts, recognizes client identities to include i				
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).

## Methods

All Practicum students will be assigned to a clinical supervisor and a group supervisor.
 Practicum 1 students enter clinical practice in their second semester. These supervisors

are responsible for the student's clinical work and for evaluating their progress toward SLOs and MFT Core Competencies. Once assigned, clinical supervisors will meet with students weekly. Group supervision dates are published in Practicum calendar.

- All Practicum: Level 1 students will serve at Louisville Seminary Counseling Training Center. When deemed appropriate, Practicum 1 students may serve at an additional off-campus site. Practicum 1 student readiness for placement at an additional site is determined by the Director of Clinical Training in consultation with the student and the clinical supervisor.
- All Practicum students will participate in twice-monthly class sessions, twice-monthly group supervision and monthly assemblies that serve as case conferences or informational meetings.
- All Practicum 1 students will complete a formal case study as the final project for Practicum 1.

## **Critical Due Dates**

- Monday, March 26, 2018 Draft of Case Study due to Clinical Supervisor.
- Monday, April 30, 2018- Final Case Study due to Practicum 1 Professor.
- August 2018 Final evaluation of Practicum 1 students by Clinical Staff and MFT Faculty.

# Required 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. (second edition).* New York: The Guilford Press.

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.

Marriage and Family Therapy Program Manual, Louisville Seminary, 2017 edition.

AAMFT Code of Ethics (2015): <u>http://aamft.org/iMIS15/AAMFT/Content/LegalEthics/code-of-ethics.aspx.</u>

## Recommended

Interactive Guide to Family Therapy Online Edition (Solutions Unlimited Online Access); review of Solution-Focused Therapy theory and videos, review of Structural Therapy theory and videos.

Free online manual for Solution-Focused Brief Therapy; link to be provided in class.

## Assignments and Expectations

Course assignments include readings from the texts, journal assignments, video recording of clinical practice, and participation in classroom discussion, role plays, and experiential activities. Written journal assignments are expected to be 2-3 pages in length.

Journal entries should include a reading list with dates of completion of reading assignments as well as written assignments. Students are welcome to use their journal for any notes taken during class.

In the fall semester, video recordings, role plays and experiential activities will be utilized in class meetings and in group supervision with the practicum 1 cohort. In the spring semester, practicum 1 students will join other MFT students in the group supervision reflect team process.

Each student should arrive at class having completed readings and journal assignments, and prepared to participate fully during class time.

## Electronic Technology Policy

Practicum 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. Due to the confidential nature of course discussion related to student and client experience, no video or audio recording should take place during class time other than recordings related to course assignments.

## Attendance Policy

According to the Seminary Catalog, students are expected to attend class meetings regularly. Students are also expected to arrive to class on time. Students who miss more than 15 minutes of a class period will be considered absent for that course meeting. 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) may result in a failing grade in the course. Due to the nature of practicum, students may not miss more than one (1) practicum course meeting or more than two (2) practicum assemblies per semester.

## Practicum 1 Evaluation and Grading

Policy and Procedure for Practicum Evaluation

# Practicum Evaluation Policy (MFT Manual)

All Practicum evaluations are based on competencies and learning outcomes described in each Practicum syllabi. As describe in Practicum syllabi, the Practicum Professor assigns final Practicum grades and provides an evaluation of mid-Practicum progress for each student. Grades and evaluation of progress are based on detailed input from rubrics measuring student performance in clinical supervision, group supervision, administrative procedures, work at any external placement, and in the Practicum classroom learning group. Individual clinical supervisors will review all Clinical Evaluation results with students within the context of supervision. In addition to mid-Practicum and final Practicum evaluation, interim student progress is reviewed by the Clinical Faculty<sup>1</sup> in regular twice-monthly meetings.

#### Practicum Evaluation Process

- a. Prior to mid-Practicum and final Practicum review dates, the following rubrics (which comprise the Practicum Evaluation packet) will be completed:
  - i. The student will complete the **<u>Clinical Self Evaluation rubric</u>**.
  - ii. The Clinical Supervisor will complete the Clinical Evaluation rubric.
  - iii. The Group Supervisor will complete the Group Supervision Evaluation rubric.
  - iv. The **Director of Clinical Training and Administrative Assistant** will complete the **Administration/Practice Management Evaluation.**
  - v. The Practicum Professor will complete the <u>Classroom/Learning Group</u> <u>Evaluation.</u>
- b. At a Clinical Staff meeting designated for mid-Practicum and final Practicum evaluations, the Clinical Staff and MFT Faculty as a whole will review each student's progress using the rubrics noted in a. above.

The Practicum Evaluation Packet cover sheet will be completed and document faculty observation of a student's strengths, progress in specific competency domains, and any areas of deficiency.

- c. With the exception of the Clinical Supervisor evaluation, all evaluations are given to the Practicum Professor to be discussed with the student. After the student has reviewed and signed the evaluations, the evaluations are submitted to the MFT Administrative Assistant with the review cover sheet.
- d. The Practicum professor will assign a grade (pass/fail) for the Practicum, informed by the rubrics included in the Practicum Evaluation Packet and Clinical Staff recommendations documented on the cover sheet.

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1	. Supervisor's evaluation clinical faculty review of progress (see		
	Supervisor Evaluation form). Reflects both how student met objectives		

<sup>&</sup>lt;sup>1</sup> Clinical Faculty includes: MFT Program Director, Director of Clinical Training, all MFT faculty members, all clinical supervisors, MFT Program Administrative Assistant.

	and Global Assessment of Core Competencies.	
2.	Case Study (Practicum 1 assessed by Practicum professor using Case	
	Study Rubric.)	
З.	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.	Group Supervision Evaluation (Assessed by Group Supervision	
	Supervisor)	
5.	Practicum learning group evaluation (Assessed by Practicum Professor)	
6.	Student clinical hours are appropriate to Practicum year and on target	
	to meet 500 hour minimum, including 250 relational hours (Assessed	
	and reported by MFT Administrative Assistant)	

## Criteria for Final Practicum Grade

The standard for evaluation for all Practicum 1 students:

Student shows beginning level of therapeutic skills as demonstrated by:

(1) awareness of Core Competencies domains and how these relate to clinical practice,

- (2) beginning awareness of self and other in therapy,
- (3) effective initial engagement with clients,
- (4) beginning ability to assess clients and plan treatment with supervisor's assistance,
- (5) effective use of supervision,
- (6) developing efficiency with administrative practices,
- (7) willingness to collaborate with peers and supervisors,
- (8) beginning awareness of pastoral identity in practice. (SLO 1-5)
- Using the process and procedures described above, the Practicum professor will assign a grade of Pass or Fail for Practicum 1.
- As a general guideline, a passing grade requires that students receive a score of "Meets Expectations" on all MFT Competency Domains of the evaluative instruments listed above.

# Practicum 1 Schedule and Assignments

## Fall Semester

9/18/17 Introduction to Practicum 1: Review of Syllabus <u>Assignment:</u> Read MFT Manual including section re: Louisville Seminary Counseling Center (LSCC). <u>Group Supervision:</u> Practice receiving a client intake phone call. Be prepared to answer questions and provide basic information regarding the counseling center, including fees, hours, office location, and the video recording requirement.

- 10/2/17 Establishment of the Therapeutic Alliance, Basic Joining Skills; Multi-cultural considerations
   <u>Read</u>: *Essential Skills*: Forward, Preface, Ch 1 & 2
   <u>Journal Question</u>: What is your sense of why people come to therapy? You are welcome to make a list, write an essay, illustrate with drawing or collage of images or words to illustrate this topic.
   <u>For Group Supervision</u>: Pair with a colleague to create a 10 minute video of a conversation with a client about why they have come to see you and what they hope to accomplish in therapy.
- 10/23/17 The Initial Interview & First Assessments; Considerations of Risk <u>Read:</u> Essential Skills: Ch 3, 4, 5 Journal Question: Write about what is your understanding of how change happens. What do you think gets in the way of client change occurring or continuing once change has begun? <u>For Group Supervision:</u> Pair with a colleague to create a 10 minute video of an initial meeting with a client. Be prepared to show this video during Group Supervision the following week.
- Basic Treatment Skills & Interventions; Genogram and Ecomap <u>Read:</u> Essential Skills, Ch 6, 7, and 8 Journal Assignment and Role Play Video: Begin a Sample Client Genogram in role play with a fellow student. Bring the genogram you have created to class. Compare this genogram to your own family history. Reflect on how similarities and differences might impact how you work with this client. <u>For Group Supervision:</u> Be prepared to show this video during Group Supervision the following week. 10 minutes of video is sufficient.
- 11/20/17 Ethical Consideration & Foundations of Therapeutic Practice
   <u>Read:</u> The MFT Code of Ethics; Review LSCC Manual Policies and Procedures
   <u>Journal Assignment:</u> What ethical concerns do you believe are most important to
   be aware of as a marriage and family therapist? What might cause a therapist to
   breach an ethical obligation?
   <u>For Group Supervision:</u> Role play using solution-focused questions with a client.
   Practice using exception questions and the miracle question.
- 12/4/17 Solution-Focused Brief Therapy and Use of Theological Reflection <u>Read</u>: Essential Skills, Ch 9 <u>Journal Assignment:</u> Reflect and write about on how mental health issues were viewed by family and friends in your life experience. Using a multi-cultural lens, add information from your own gender, racial identity, cultural norms, and faith tradition or spiritual awareness.

<u>Turn in Journals at the end of class.</u> These will be returned to you in your chart room mailbox.

## Spring Semester

 1/29/17 Client Progress, Case Management & Documentation <u>Read:</u> Essential Skills, Ch 9 & 10 <u>Journal Assignment:</u> Reflect on the use of SRS and ORS tools to monitor client progress in therapy. Write about how these assessments can be helpful to you in planning for client sessions, termination and referrals. Include information about other ways you could measure client success in therapy.

# 2/12/17 Treatment Planning & DSM 5 Diagnosis <u>Read:</u> The Practical Practice of MFT, Ch 6 & 7 <u>Journal Assignment:</u> Which mental health diagnoses do you think are most common in the U.S.? Do you believe culture contributes to these issues and if so, how? You are welcome to be creative in writing or illustrating this topic in your journal.

- 2/26/17 Prepartion for the Case Report: Review of MFT Case Write-Up Rubric & Basic Skills in Writing a Clinical Report
   <u>Read:</u> MFT Student Guide: Writing Case Studies as a Professional Report and the MFT Manual regarding the Case Write-Up requirements and Case Write-Up Rubric. Bring your MFT Manual to this Class Meeting.
   <u>Journal Assignment:</u> List some of the criteria that would help you choose a client as a subject of a case report. What questions would you ask your clinical supervisor to gain clarity around your choice?
- 3/19/17 Client Termination and Referral <u>Read:</u> Essential Skills, Ch 11 & 12 <u>Journal Assignment:</u> Write and reflect about what might cause a client to be unwilling to end therapy or to end therapy too early? Why might a therapist encourage a client to stay in therapy? Or to end therapy earlier than might be advantageous for the client?

Reminder: Monday, March 26: Draft of Case Write-Up due to Clinical Supervisor.

4/2/17 Assessments Revisited
 <u>Read:</u> The Practical Practice of MFT, Ch 8 & 9
 Bring your MFT Manual to this Class Meeting.
 <u>Journal Assignment:</u> Complete the ACES and WHODAS assessment for yourself.
 Having completed just a portion of the assessment process, reflect and write
 about how clients may feel about assessment in general and these two

assessment tools in particular. There is no need for you to disclose any personal information you may have gained from completing these assessments.

- 4/23/17 Systemic Considerations and the Self of Therapist <u>Reading to be determined</u> <u>Journal Assignment:</u> Reflect on how you have managed your own self-care during this semester. Write about what you have found most helpful for managing the challenges of working with clients and what you think will be helpful for you as you move forward in the profession of marriage and family therapy. Feel free to be creative in adding art, collage, poetry, etc. to illustrate self-care for yourself
- 4/30/17 Course Conclusion and Reflections on Practicum 1 Class <u>Journal Assignment:</u> What have you learned from this course? What has been most helpful about Practicum 1 class meetings? What might be added or changed for this class to be more helpful to you in your learning experience?

**Reminder:** Final Case Study due to Practicum Professor no later than class meeting time.

# MFT Program Student Learning Outcomes (SLOs)

# 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 in evidence-based practice.

# SLO 3

Graduating students will be able to think ethically and make appropriate clinical ethical decisions.

# SLO 4

Graduating students will be able to use a multicultural approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity 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)

<u>Competency Domain 1-- Foundations of Treatment:</u> Knowledge of system concepts, skills to establish therapeutic relationships.

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

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

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

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

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

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

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

<u>Competency Domain 9--Supervision and Collaboration</u>: Use of supervision and collaboration to improve skills and enhance client care.