

## Practicum 2 – Assessment, Models, and Treatment Skills

PC 442

### **Description**

Practicum: Level 2 builds on the entry-level skills of Level 1. Level 2 is designed to assist students in developing the foundation for more autonomous functioning as Marriage and Family Therapy interns at an intermediate level. This includes focus on theoretical understanding of the therapeutic process and development of specific intervention skills in therapy. In the supervised clinical experience, the student establishes treatment plans appropriate to more complex client issues and utilizes knowledge of theoretical models to assess client needs and establish the course of treatment. Practicum: Level 2 includes, but is not limited to, a range of 150-175 hours of counseling at a ratio of 5 client hours to 1 supervision hour.

### **Objectives and Expected Student Learning Outcomes**

<b>By the end of Practicum: Level 2, students will . . .</b>	<b>Student Learning Outcomes (SLO) &amp; MFT Competencies Domains</b>	<b>Assessment / Signature Assignments</b>
1. Demonstrate the ability to use a specific MFT theoretical lens to observe and describe family structure, power dynamics, and processes.	<b>SLO: 2, 4</b>  <b>MFTC Domain 1</b>	Practicum 2 Case Study  Practicum 2 mid- and final-practicum evaluation
2. Demonstrate the ability to conceptualize a family structure using theoretical language that illuminates the client problem within the context of family and larger systems.	<b>SLO 1, 2, 4</b>  <b>MFTC Domain 2</b>	Practicum 2 Case Study  Practicum 2 mid- and final-practicum evaluation
3. Utilize appropriate therapeutic assessment tools to complete client diagnosis and treatment planning, considering multi-cultural and diverse frameworks with the assistance of supervision.	<b>SLO 1, 2</b>  <b>MFTC Domain 2</b>	Practicum 2 Case Study  Practicum 2 mid- and final-practicum evaluation
4. Establish appropriate client treatment goals using observation, assessment, and conceptualization skills including client feedback (ORS/SRS) and supervisory consultation.	<b>SLO: 1, 2,</b>  <b>MFTC Domain 3</b>	Practicum 2 Case Study  Practicum 2 mid- and final-practicum evaluation
5. Establish and utilize theoretically-based interventions to work toward accomplishment of client treatment goals.	<b>SLO 1, 2</b>  <b>MFTC Domain 4</b>	Practicum 2 Case Study  Practicum 2 mid- and final-practicum evaluation

6. Demonstrate an increasing ability to focus on client issues as separate from therapist view of self and/or concern with own process in the therapeutic setting.	<b>SLO: 3, 4, 5</b> <b>MFTC Domain 4, 5</b>	Practicum 2 Case Study  Practicum 2 mid- and final-practicum evaluation
7. Demonstrate effective and appropriate use of supervision to enhance understanding of self as therapist, challenges around issues of diversity, and pastoral practice of spiritually-informed marriage and family therapy.	<b>SLO: 2, 3, 5</b> <b>MFTC Domain 5, 7, 8, 9</b>	Practicum 2 Case Study  Practicum 2 mid- and final-practicum evaluation
8. Demonstrate awareness of ethical and legal issues that arise in the course of therapy including establishing boundaries in the therapeutic relationship and maintaining role of self as therapist.	<b>SLO: 1, 3</b> <b>MFTC Domain 5</b>	Practicum 2 Case Study  Practicum 2 mid- and final-practicum evaluation
9. Demonstrates increasing awareness of and use of MFT and behavioral science research and applies this to evidence-based practice	<b>SLO 1, 2, 3</b> <b>MFTC Domain</b>	Practicum log Final case write-up
10. Demonstrate ability to appropriately administrate developing client case load at LSCTC and other Practicum sites.	<b>SLO 1</b> <b>MFTC Domain 3, 5</b>	Benchmarks as established by agencies  Practicum 2 Case Study  Practicum 2 mid- and final-practicum evaluation
11. Demonstrates increasing ability to reflect pastorally and theologically to clinical work and manage religious and spiritual content in therapy.	<b>SLO 4, 5</b> <b>MFTC Domain 8</b>	Practicum 2 Case Study  Practicum 2 mid- and final-practicum evaluation
12. Complete 150-175 clinical hours	<b>SLO 1-5</b> <b>MFTC Domain 1-9</b>	Quarterly client file audits  Practicum 2 mid- and final-practicum evaluation
<b>Multicultural Therapy Definition:</b> 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)		
<b>Evidence-based Practice Definition:</b> 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 (e.g., using the ORS/SRS).		

### **Required Text**

Landers, A., Patton, R. Reynolds, M. (Eds.). (2016) *Family Therapy Glossary (fourth edition)*. Alexandria, VA: American Association of Marriage and Family Therapy. **(LIBRARY RESERVE)**

Gehart, D. R., & Tuttle, A. R. (2003). *Theory-based treatment planning for marriage and family therapists: Integrating theory and practice*. Brooks/Cole Publishing Company. **(LIBRARY RESERVE)**

### **Recommended Text (optional)**

Dattilio, F. M., Jongsma, A. E., & In Davis, S. D. (2014). *The family therapy treatment planner, with DSM-5 updates*. **(LIBRARY RESERVE)**

### **Additional Required Readings**

Bowen, M. (1966). The use of family theory in clinical practice. *Comprehensive psychiatry*, 7(5), 345-374

Lynch, B., & Lynch, J. E. (2000). *Principles and practices of structural family therapy*. Gestal Journal Press. Pp. 23-52. **(CAMS)**

Monk, G. (1997). How Narrative Therapy Works. In G.Monk, J. Winslade, K. Crockett, & D. Epston (eds.) *Narrative Therapy in Practice: The archaeology of hope* (pp 3-31).

Thomlison, B. (2016). *Family assessment handbook: an Introductory Practice Guide to family assessment and Intervention*. 4<sup>th</sup> Edition. Wadsworth Publishing Company. **(LIBRARY RESERVE)**

### **Methods**

- ◆ All Practicum students will be assigned to a clinical supervisor and a group supervisor. These supervisors are responsible for the student's clinical work and for evaluating their progress toward SLOs and MFT Core Competencies. Clinical supervisors will meet with students weekly. Group supervision dates are published in Practicum calendar.
- ◆ All Practicum students will serve at Louisville Seminary Counseling Center and may serve at an additional off-campus counseling site.
- ◆ 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 2 students will complete a formal case study as the final project for Practicum 2.

### ***Assignments and Expectations***

- ◆ Course assignments include readings from the texts, journal assignments (see personal therapy requirement section below), and participation in classroom discussion, role plays, and experiential activities.
- ◆ Journal entries are expected to be 2-3 pages in length.
- ◆ Each student should arrive at class having completed readings and journal assignments, and prepared to participate fully during class time

### ***Personal Therapy Requirement***

The Masters of Arts in Marriage and Family Therapy Program requires all students to engage in personal therapy. This requirement is based upon the belief that psychotherapy is a vital component of the training and growth of psychotherapists, and that it is the professional responsibility of every therapist to identify, address, and work through personal issues that may have an impact on clinical interactions with future clients.

Graduate students enrolled in Practicum 2 and 3 are required to complete a minimum of 6 hours of personal individual, couples, family, or group therapy during the practicum year. This requirement is met by seeing a licensed therapist (examples: Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Psychologist, Board Certified Psychiatrist, etc.) or MFT Associate. A completed Psychotherapy Documentation form is filed with the MAMFT office to verify completion of the personal psychotherapy requirement. Students are also required to maintain a journal that would describe the experience and insights gained regarding growth as a therapist. Journals will be submitted to the Practicum professor. Journal entries should not include confidential information about personal concerns revealed and addressed during the sessions or the name of the therapist being seen.

Psychotherapy hours earned prior to beginning the program are not eligible for meeting this requirement. Students are advised to plan for this requirement and to complete their hours early in their enrollment in order to finish prior to the end of the year. Monetary support for required therapy sessions and a list of therapists offering discounted services is provided through the Dean of Students Office. Students should consult with their Practicum Professor or the MFT Program Director if they have are having problems meeting this requirement.

### ***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 practicum course meeting or more than 2 practicum assemblies per semester.

### ***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.

### ***Critical Due Dates***

- ◆ January 29, 2018 draft of case study due.
- ◆ April 30, 2018 final case study due.
- ◆ July 2018 – Final evaluation by the Clinical Staff and MFT Faculty

### ***Practicum 2 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 **Clinical Self Evaluation rubric.**
  - ii. The **Clinical Supervisor** will complete the **Clinical Evaluation rubric.**
  - iii. The **Group Supervisor** will complete the **Group Supervision Evaluation rubric.**

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

- iv. The **Director of Clinical Training and Administrative Assistant** will complete the **Administration/Practice Management Evaluation**.
  - v. (Mid-Practicum Evaluation only) The **External Site Administrative Supervisor** will complete the **External Site Administrative Supervisor's Evaluation**.
  - vi. The **Practicum Professor** will complete the **Classroom/Learning Group Evaluation**.
- b. At a Clinical Faculty meeting designated for mid-Practicum and final Practicum evaluations, the Clinical 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 requiring remediation.

- c. With the exception of the clinical supervisor evaluation, all evaluations are given to the Practicum Professor to be reviewed 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 Faculty recommendations documented on the cover sheet (see below).

<b>Data (Practicum Evaluation Packet)</b>	Pass	Fail
<b>1. Individual Supervisor's evaluation of progress</b> (see Supervisor Evaluation form). Reflects both how student met objectives and Global Assessment of Core Competencies. Includes attendance and participation in individual dyadic supervision meetings.		
<b>2. Case Study</b> (Practicum 2 assessed by Practicum professor using Case Study Rubric. Practicum 3 assessed by SIE Committee using SIE rubric.)		
<b>3. Administrative/Practice Management evaluation</b> (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, attendance at LSCC staff meetings, and other professional behavior.		
<b>4. Participation in Group Supervision</b> (Assessed by Group Supervision Supervisor). Includes attendance and participation in group supervision meetings.		
<b>5. Participation in Practicum learning group</b> (Assessed by Practicum Professor). Includes attendance and participation in course meetings and practicum assemblies.		
<b>6. Qualitative assessment by external placement supervisor</b> (Reviewed and reported by Director of Clinical Training)		
<b>7. Student clinical hours</b> 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**

- Using process and procedures described above, the Practicum professor will assign a grade of Pass or Fail.
- 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. As described in the MFT Program Manual, a student who is assessed (by self, supervisor or professor) at any time in the Practicum year as experiencing difficulty meeting expectations in one or more Domains may request assistance from clinical staff in improving competencies.
- Students who receive multiple low “Meets Expectations” Domain scores (4-5) on one or more evaluation documents at Mid-Practicum review are encouraged to initiate a plan to improve skills in lower-rated areas prior to final Practicum review.

**Practicum 2 Schedule and Assignments**

<b>Practicum 2 Class Meeting Schedule, Fall 2017-Spring 2018 (Group Supervision: See Group Supervision Master Schedule)</b>		
<b>Date</b>	<b>Topic</b>	<b>Readings and Assignments</b>
9/18	Introduction to Family Assessment	Thomlison, B. (2016). <i>Family Assessment Handbook</i> . Pp. 37-75 (Library reserve)  Class discussion.
10/2	Eco-maps & Social Network maps: Charting a families resources, connections and systemic connections	Thomlison, B. (2016). <i>Family Assessment Handbook</i> . Pp. 79-84. (Library reserve)  <ul style="list-style-type: none"> <li>• <b>Assignment:</b> Prepare an Eco-map or Social Network map for one client family Class/case discussions of Eco-map and client resources, systemic connections, expanding the system in therapy</li> </ul>
10/23	Goal Setting and Selecting Family Interventions	Thomlison, B. (2016). <i>Family Assessment Handbook</i> . Pp. 91-109 (Library reserve)  In Class Activity.
11/6	Case Conceptualization and Treatment Planning: An Introduction	Case Conceptualization 1) AAMFT Case Conceptualization handout (CAMS) <a href="http://www.aamft.org/Institutes13/Crash_Course/Individual_Documents/20%20case%20conceptualization%20tsn.pdf">http://www.aamft.org/Institutes13/Crash_Course/Individual_Documents/20%20case%20conceptualization%20tsn.pdf</a> 2) 10 Things I Wish I Knew About Case Conceptualization (CAMS) <a href="http://www.therapistdevelopmentcenter.com/sites/default/files/10%20Things%20Case%20Conceptualization.pdf">http://www.therapistdevelopmentcenter.com/sites/default/files/10%20Things%20Case%20Conceptualization.pdf</a> 3) Systemic Case Conceptualization Handout (CAMS)  Gerhart & Tuttle Ch. 1  <ul style="list-style-type: none"> <li>• <b>Assignment:</b> Prepare a Case Conceptualization for one of your relational clients. Use the AAMFT Case Conceptualization handout for this assignment.</li> </ul> <b>Case Presenter:</b>
11/20	Treatment Planning Continued: Solution	Gerhart & Tuttle Ch. 10



	Focused	<b>Case Presenter:</b>
12/4	Treatment Planning Continued: Structural Family Therapy	Lynch, B., & Lynch, J. E. (2000). <i>Principles and practices of structural family therapy</i> . Gestal Journal Press. Pp. 23-52  Gerhart & Tuttle Ch. 2 <b>Case Presenter:</b> <ul style="list-style-type: none"> <li>• Assignment: Prepare a structural map and one page analysis of one client family to turn in.</li> </ul>
<i>Spring 2018</i>		
1/29	<b>Case Write-Up draft due</b>	
2/12	Exploring Your Own Family Systems: Self of the Therapist	<b>Assignment:</b> Exploring Your Family Systems Activity In class activity
2/26	Treatment Planning: Intergenerational Therapy	Bowen, M. (1966). The use of family theory in clinical practice. <i>Comprehensive psychiatry</i> , 7(5), 345-374.  Gerhart & Tuttle Ch 8
3/19	Treatment Planning: CBT	Thomlison, B. (2016). <i>Family Assessment Handbook</i> . Pp. 145-156  Gerhart & Tuttle Ch. 9 <b>Case Presenter:</b>
4/2	Treatment Planning: Narrative Therapy	Monk, G. (1997). How Narrative Therapy Works. In G.Monk, J. Winslade, K. Crockett, & D. Epston (eds.) <i>Narrative Therapy in Practice: The archaeology of hope</i> (pp 3-31).  Gerhart & Tuttle Ch. 11  <b>Case Presenter:</b>
4/23	Evaluating Change in Treatment: Using Assessment Measures	Thomlison, B. (2016). <i>Family Assessment Handbook</i> . Pp. 157-160  <b>Case Presenter:</b>
4/30	Course Review: Wrap up and Case Study Review	<ul style="list-style-type: none"> <li>• Class discussion</li> <li>• Follow up on status of case study</li> <li>• Course Evaluation and Feedback</li> </ul>

### **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)**

**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.

**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)