

Practicum 3 – Implementation and Integration

PC 443

Description Practicum 3

Practicum 3 is advanced supervised clinical experience during which the student integrates learning and achieves entry level skills for professional practice as a Marriage and Family Therapy Associate. Advanced students are expected to display a solid sense of self as therapist and pastoral counselor, demonstrate expertise in the basic procedures of marriage and family therapy and establish an integrated theoretical and theological framework for clinical practice. This final year of practicum includes the accumulation of a minimum of 500 total clinical hours with a minimum of 250 relational hours at a ratio of 5 client hours to 1 supervision hour. In the second semester of Practicum 3 students will complete the Senior Integration Experience required for graduation.

Objectives and Expected Student Learning Outcomes

By the end of Practicum: Level 3, students will . . .	Student Learning Outcomes (SLO) & MFT Competencies (MFTC)	Assessment / Signature Assignments
1. Establish and maintain a therapeutic relationship with a variety of clients andmultidimensional family systems.	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 SIE ORS/SRS reports
2. Consistently establish appropriate treatment goals using an integrative, empirically informed, multi-cultural perspective, utilizing client feedback and supervisory consultation.	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 3.1.1 Know which models...are most effective for presenting problems 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 4.1.1-Comprehend a variety of individual and systemic therapeutic models...	Mid-Practicum Review SIE ORS/SRS reports
3. 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.	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	Case report Initial case write-up Progress notes SIE Assessment tools Client diagnosis

	<p>presenting problems</p> <p>3.3.4 Structure treatment to meet clients' needs and to facilitate systemic change</p> <p>3.4.3 Evaluate level of risks, management of risks, crises and emergencies</p>	
<p>4. Demonstrate expert ability in using attending, influencing, and other intervention skills utilizing a variety of techniques consistent with empirical research and multicultural considerations and the client context.</p>	<p>SLO 1, 3, 4, 5</p> <p>MFTC: 3.3.5: Manage...therapy toward treatment goals</p> <p>4.3.3 Reframe problems and recursive interaction patterns</p> <p>4.3.6 Facilitate clients developing and integrating solutions to problems</p> <p>4.3.10 Modify interventions that are not working to better fit treatment goals</p> <p>4.3.2 Deliver interventions in a way that is sensitive to special needs of clients</p> <p>4.4.4-Evaluate client reactions to intervention</p> <p>4.4.2-Evaluate ability to deliver interventions...</p> <p>4.5.3-Articulate rationales for interventions related to treatment...</p>	<p>Session video</p> <p>Progress notes</p> <p>Case report</p> <p>SIE ORS/SRS reports</p>
<p>5. Demonstrate a solid self-other awareness, conscientious attention to counter-transference issues and willingness to address these in supervision.</p>	<p>SLO 3, 5</p> <p>MFTC: 3.4.5...monitor personal reactions to clients and treatment processes...</p> <p>4.4.4-Evaluate client reactions to intervention</p> <p>4.5.2 Set appropriate boundaries, manage issue of triangulation, and develop collaborative working relationships</p>	<p>Case report</p> <p>SIE Supervisor observation</p>
<p>6. Demonstrate awareness and adherence to professional ethical and legal standards.</p>	<p>SLO 3, 4, 5</p> <p>MFTC: 5.1.1 Know...laws that apply to the practice of MFT</p> <p>5.1.2 Know professional ethics and standards of practice [for] MFT</p> <p>5.1.4 -Understand the process of ethical decision making</p> <p>5.2.1 -Recognize the situations in which ethics, law, professional liability...apply</p> <p>5.2.2 Recognize ethical dilemmas...</p> <p>5.2.3 Recognize when legal consultation is necessary</p> <p>5.2.4 Recognize when clinical supervision or consultation is necessary</p> <p>5.3.2 Develop/assess policies, procedures, and forms for consistency with standards of practice...</p>	<p>SIE</p>
<p>7. Define supervisory needs and take responsibility for obtaining appropriate supervision to assure clinically competent client care, personal growth, and professional development.</p>	<p>SLO: 1, 3, 5</p> <p>MFTC: 5.2.4 Recognize when clinical supervision or consultation is necessary</p>	<p>Case report</p> <p>SIE Supervisor observation</p>
<p>9. Demonstrate clear 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.</p>	<p>SLO 1, 5</p> <p>MFTC: 1.1.4: Understand the risks and benefits of ...family...psychotherapy</p> <p>1.3.2 Determine who should attend therapy...and configuration</p> <p>2.1.6 -Understand the strengths and limitations of models of assessment and diagnosis...</p> <p>3.1.1 Know which models...are most effective for presenting problems</p> <p>4.3.2 Deliver interventions in a way that is sensitive to special needs of clients</p> <p>4.5.1 -Respect multiple perspectives</p> <p>5.3.7 Practice within defined scope of practice and competence</p>	<p>Complete 150-175 clinical hours</p> <p>Practicum log</p> <p>Final case write-up</p>
<p>10. Demonstrate professional administrative skills in managing</p>	<p>SLO 1</p> <p>MFTC: 1.5.2 Complete case documentation in a</p>	<p>Quarterly client file audits</p>

paper and electronic client records, discharge/transfer of clients and closure of practice at LSCC and external practicum sites	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	Graduation audit Benchmarks as established by agencies
<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.” 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” (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).</p>		

Methods

- ◆ All Practicum students will be assigned to a clinical supervisor who is responsible for the student’s clinical work and who will meet with them on a weekly basis and evaluate the student’s progress in practicum.
- ◆ All Practicum students will serve at Louisville Seminary Counseling Training Center and at an additional off-campus counseling site.
- ◆ All Practicum students will participate in twice-monthly class sessions, twice-monthly Live Supervision Groups and periodic large group Case Conferences and/or informational meetings.
- ◆ All Practicum III students will complete an SIE required for graduation.

Schedule and Assignments

<i>Practicum 3 Class Meeting Schedule, Fall 2016-Spring 2017 (Live Supervision: See Live Supervision Master Schedule)</i>		
Date	Topic	Assignment
9/19/16	Class discussion: The business of integrating—theory, theology, spirituality	Becvar, D.S. & Becvar, R.J. (2009). <i>Family therapy: A systemic integration</i> , 7 th ed. Pp: 311-320. CAMS Townsend, L.L. (2009). <i>Introduction to pastoral</i>

		<i>counseling</i> . Pp: 135-160. CAMS Pargament, K.I. (2007). <i>Spiritually integrated psychotherapy: Understanding and addressing the sacred</i> . Pp: 3-52. CAMS
10/3/16	Practice of Integrating Focus: Theory Expansion/Spiritual Theological Reflection/Integration Presenter 1 Presenter 2 Presenter 3	Reading: Griffith, J, and Griffith, M. (2002). <i>Encountering the sacred in psychotherapy</i> . NY: Guilford, pp. 53-80. Print Reserve in library <ul style="list-style-type: none"> • Select a case from your practice • Prepare a 1 page summary of the case and your work to date • Prepare a question related to theoretical, theological or spiritual integration (note what focus of session is...) with this case Facilitate a 25 minute case consultation related to the case and your integrative question
10/24/16	Practice of Integrating Focus: Theory Expansion/Spiritual Theological Reflection/Integration Presenter 1 Presenter 2 Presenter 3	Reading: Griffith, J, and Griffith, M. (2002). <i>Encountering the sacred in psychotherapy</i> . NY: Guilford, pp. 81-102. Print Reserve in library <ul style="list-style-type: none"> • Select a case from your practice • Prepare a 1 page summary of the case and your work to date • Prepare a question related to theoretical, theological or spiritual integration (note what focus of session is...) with this case Facilitate a 25 minute case consultation related to the case and your integrative question
11/7/16	Practice of Integrating Focus: Theory Expansion/Spiritual Theological Reflection/Integration Presenter 1 Presenter 2 Presenter 3	Reading: Griffith, J, and Griffith, M. (2002). <i>Encountering the sacred in psychotherapy</i> . NY: Guilford, pp. 103-136 OR 164-188 (Both would be better!) Print Reserve in library <ul style="list-style-type: none"> • Select a case from your practice • Prepare a 1 page summary of the case and your work to date • Prepare a question related to theoretical, theological or spiritual integration (note what focus of session is...) with this case Facilitate a 25 minute case consultation related to the case and your integrative question <ul style="list-style-type: none"> • Select a case from your practice • Prepare a 1 page summary of the case and your work to date • Prepare a question related to theoretical, theological or spiritual integration with this case • Facilitate a 25 minute case consultation related to the case and your integrative question
11/21/16	SIE Preparation	Assignment Due Dates: <ul style="list-style-type: none"> • By February 6, in consultation with the student's Clinical Supervisor of Record, select relational client case for SIE and begin case write-up and selection of video clips. • By February 6, obtain signatures from SIE Committee members and submit SIE Committee Composition to SIE Seminar leaders.
2/6/17	SIE Preparation	Assignment Due Dates: <ul style="list-style-type: none"> • By February 13, complete preliminary case write-up and submit to ASC for review and consultation

		<ul style="list-style-type: none"> • By February 15 submit case write-up draft to Clinical Supervisor of Record and complete consultation with supervisor by March 7th. • By March 1, submit final case write-up to SIE Seminar leaders for feedback.
2/20/17	TBA	
3/6/17	SIE Preparation	Assignment Due Date: <ul style="list-style-type: none"> • By March 20, submit 5 copies with Genograms and 1-page summary, and 1 copy of the SIE Signature signed by all consultants to SIE Seminar leaders
3/20/17	SIE Preparation	<ul style="list-style-type: none"> • Final SIE Preparation Session
4/10/17	No Meeting--SIEs	
4/24/17	No Meeting--SIEs	
5/1/17	Preparing for AMFTRB Exam	

Evaluation and Grading Policy

Practicum grade is determined by the Practicum professor and the student's clinical supervisor with written input from the following:

- The Clinical Supervisor's final evaluation.
- All SIE results meet Program standards (Practicum 3 only)
- External practicum placement supervisor's report of professional clinical and administrative practices as external sites;
- Live Supervision supervisor's report of clinical competencies demonstrated in Live Supervision group;
- Director of Clinical Training's report of professional clinical and administrative practices related to work in the LSCC;
- Administrative Assistant's report of professional management of Program and client documentation, scheduling, etc.

Grading Process:

- The clinical supervisor will complete the clinical evaluation (see MFT Manual) for Practicum 3 and assign a grade that represents the student's level of accomplishment in meeting clinical competencies and SLOs for Practicum 3.
- The Practicum professor will assign a grade that represents the student's level of accomplishment on practicum classroom assignments.
- The Practicum professor will review the clinical supervisor's evaluation (and assigned grade), SIE results (Practicum III only), written input from external site supervisors, Live Supervision report, Director of Clinical Training report and Administrative Assistant report.
- Upon reviewing all assessment documents, the Practicum professor will assign a grade reflective of the student's accomplishments. A grade of C or better is required to pass any 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 experienced 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.