

MFTH 7102 Interventions in Marriage & Family Therapy
Spring 2013
Valdosta State University
Marriage and Family Therapy Program
Thursdays, 10am-12:45pm

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Office Hours: Tues. 4-6 pm & Wed. 12-4 pm,
 by appointment

Course Description

This course will be an introduction to doing therapy. It will include learning about how to approach therapy, how to initiate therapeutic work, how to join with clients, how to ask questions in therapy, how to intervene in therapy, and how to practice with attunement and sensitivity to cross-cultural, gender, and other diversity issues. The course will include a review of some of the intervention techniques employed by the major theoretical approaches to MFT. In this course, there will be an emphasis on skill development, role playing demonstrations, linking theory to practice, and establishing appropriate treatment goals.

Student Learning Outcomes (SLOs)

1. Practice from a culturally sensitive lens.
2. Practice from a systemic lens.
3. Be prepared to obtain entry-level employment in mental health agencies.
4. Claim the professional identity of Marriage and Family

Syllabi Specific Learning Objectives linked to SLOs

Students will:

1. Acquire the basic session management skills necessary to conduct marriage and family therapy. (Student Learning Outcomes: 3)
2. Learn and practice a variety of clinic management, interview, treatment planning, and intervention techniques. (Student Learning Outcomes: 3)
3. Learn to generate interview questions and adapt intervention techniques to demonstrate an awareness and sensitivity to cross-cultural diversity, class, gender, & sexual orientation (Student Learning Outcomes: 1, 2)
4. Identify the links between systemic theories, models, and intervention techniques. Students will learn the significant ways that one's theoretical orientation shapes the therapeutic relationship, interview techniques, and interventions. (Student Learning Outcomes: 2, 3)
5. Begin to develop and articulate a personal statement of orientation to systemic therapy. (Student Learning Outcomes: 2, 4)

Assignments for this course linked to SLOs

Case Observation Report	SLO 1:Practice from a culturally sensitive lens
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	SLO 2: Practice from a systemic lens SLO 3: Be prepared to obtain entry-level employment in mental health agencies
Pre-Practicum	SLO 1: Practice from a culturally sensitive lens SLO 2: Practice from a systemic lens SLO 3: Be prepared to obtain entry-level employment in mental health agencies SLO 4: Claim the professional identity of Marriage and Family Therapist.
Final Case Report: Distinguishing Process from Content	SLO 1: Practice from a culturally sensitive lens SLO 2: Practice from a systemic lens SLO 3: Be prepared to obtain entry-level employment in mental health agencies

Use of Grading Rubrics:

A grading rubric will be used for all major assignments. When a rubric is not included in your syllabus or on the web-based learning portal for this class, the *MFT Program Academic Assignment Evaluation Tool* will be used for papers, posters, or presentations. For written exams, the *MFT Exam Evaluation Tool* will be used. Both rubrics can be found and downloaded on the *Resources for Students* page of the MFT website.

Access Office for Students with Disabilities

Students with disabilities who are experiencing barriers in this course may contact the Access Office for assistance in determining and implementing reasonable accommodations. The Access Office is located in Farber Hall – South, 1500 N. Patterson Street, Valdosta, GA 31698-0280. The phone numbers are: 229-245-2498 (V/VP), 229-219-1348 (TTY), and 229-245-3788 (Fax). For more information, please visit <http://www.valdosta.edu/access> or email: access@valdosta.edu. Also, please discuss this need with the instructor at the time of the first class.

Student Success Center

The Student Success Center (SSC) at Valdosta State University is located in Langdale Residence Hall and is available to all students. They provide free professional academic advising, peer tutoring in core curriculum courses, and campus job information in one location. We strongly encourage students to make use of their services. You can reach them at 229-333-7570 or email them at ssc@valdosta.edu.

Respect for Diversity

In order to thrive and excel, a culture must hone the rights, safety, dignity, and well-being of all members no matter their race, gender, religion, sexual orientation, socioeconomic status, national origin, religious beliefs, or physical or cognitive ability. The concept of diversity encompasses acceptance and respect in understanding that each individual is unique. To the extent possible and appropriate, this course will explore these differences in a safe, positive, and supportive environment.

Required Texts

1. Gehart, D. R., & Tuttle, A. R. (2002). *Theory and treatment planning in Counseling and Psychotherapy*. Belmont, CA: Brooks/Cole Cengage Learning.

2. Miller, S., Duncan, B., & Hubble, M. (1997). *Escape from Babel*. New York: Norton.
3. Patterson, J., Williams, L., Edwards, T.M., Chamow, L., & Grauf-Grounds, C. (2009). *Essential skills in family therapy: From the first interview to termination (2nd ed.)*. New York: The Guilford Press.
4. Fisch, R., Weakland, J., & Segal, L. (1982). *The tactics of change: Doing therapy briefly*. San Francisco, CA: Jossey-Bass.
5. Combs, G., & Freedman, J. (1990). *Symbol, story, and ceremony, using metaphor in individual and family therapy*. New York: W. W. Norton & Company.

Recommended Articles

1. Avis, J.M. (1998). Commentary: Does Neutrality Neutralize Feminist Awareness? A Feminist Response to Scheel and Ivey. *Contemporary Family Therapy, 20*, 323-331.
2. Butler, M., Rodriguez, M., Roper, S., & Feinauer, L. (2010). Infidelity Secrets in Couple Therapy: Therapists' Views on the Collision of Competing Ethics Around Relationship-Relevant Secrets. *Sexual Addiction and Compulsivity, 17*, 82-105.
3. Cameron, S. & Turtle-song, I. (2002). Learning to write case notes using the SOAP method. *Journal of Counseling and Development, 80*, 286-292.
4. Carr, A. (1998). Michael White's Narrative Therapy. *Contemporary Family Therapy, 20*, 485-495.
5. Harris, S., Brown, A., Dakin, J., Lucas, B., Riley, L. & Bulham, R. (2009). Are clinical records really that important? The Dearth of research and practice guidelines in MFT literature. *The American Journal of Family Therapy, 37*, 373-387.
6. Monk, G., & Gerhart, D. R. (2003). Sociopolitical activist or conversational partner? Distinguishing the position of the therapist in narrative and collaborative therapies. *Family Process, 42(1)*, 19-30.
7. O'Brian, C., & Bruggen, P. (1985). Our personal and professional lives: Learning positive connotation and circular questioning. *Family Process, 24*, 311-322.
8. Penn, P. (1985). Feed-forward: Future questions, future maps. *Family Process, 24*, 299-310.
9. Selvini, M. P., Boscolo, C., Cecchin, G., & Prata, G. (1980). Hypothesizing—circularity—neutrality: Three guidelines for the conductor of the session. *Family Process, 19*, 3-12.
10. Siegenthaler, A.L., Boss, P. (1998). Commentary: A Feminist Perspective on The Issue of Neutrality in Therapy: Neutrality Can be Hazardous to The Client's Health.

Contemporary Family Therapy, 20, 333-340.

11. Roberts, J. (2005). Transparency and self-disclosure in family therapy: Dangers and possibilities. *Family Process*, 44, 45-63.
12. Timm, T & Blow, A. (1999). Self-of-the-therapist-work: A balance between removing restraints and identifying resources. *Contemporary Family Therapy*, 21, 331-351.

Assignments & Grading Scale

1. Attendance & Participation	20
2. Case Observation Report	50
3. Pre-Practicum	30
4. Final Case Report: Distinguishing Process from Content	50

TOTAL: 150 pts

Student Opinion of Instruction (SOIs)

Bonus +5 pts

A = 90%-100%

B = 80%-89%

C = 70%-79%

D = 60%-69%

F = 50-59%

List of Assignments

1. Attendance & Participation – 20 pts

During this class we will be helping each other develop vital clinical skills. The voice and involvement of each person is important. Ask questions, make observations and comments, and display curiosity about how your colleagues are making sense of the material we are exploring. During class, we will practice a number of skills related to the therapeutic process. **You are expected to participate in class discussions, exercises, and this will weigh heavily on your final grade.**

Do not ask me for permission to miss class. The decision is always yours. However, when you know that you will miss class, I always appreciate the professional courtesy of advance notice. Please note that a portion of your attendance and participation grade will be based solely on your **timely and consistent attendance**. Therefore, missing more than 2 classes (excluding emergency situations) may result in a full letter grade deduction. A student who misses more than 20% of the scheduled classes of a course will be subject to receive a failing grade in the course.

2. Case Observation Report – 50 pts. Due March 27, 2014.

There are three components to this assignment:

(1) Case observations (10 pts)

- (2) Interview with the therapist(s) (10 pts)
- (3) A detailed case report (30 pts)

(1) Case Observations: Arrange with a MFT intern to observe one or more of his or her cases via the one way mirror. You are only required to follow one case for a minimum of 3 sessions, but I encourage you to follow the case for the duration of the semester.

- **Therapy observations:** You must keep record of your case observations by using the Case Observation Record Sheet. You will attach this to your Case Presentation and turn it in as part of the assignment. If you join an ongoing case, read the case notes for all sessions that took place prior to the date you joined. If possible, watch the recordings that accompany the case as well. You will be observing therapy *and* observing therapist interns who are learning to do therapy. Take advantage of the chance to gain insight into the experience of learning to be a therapist as well as what is happening therapeutically. Talk to the therapy interns, be very, very, *very* curious about their experience, find out what they are thinking, get interested in their struggles, explore what they are learning, ask about how they are making sense of therapy. Before each session, review the MFT intern's case notes for the previous session.
- Because you will be participating in live observations, you may not capriciously join and then leave an ongoing case. Once you start a case, plan to attend each meeting scheduled by the clients and therapist intern(s), for at least three sessions, or through the end of the semester.
- Keep in mind that often clients start therapy, but do not 'finish'. They also miss sessions and often participate inconsistently. This is not a sign that therapy is going poorly; in fact, it may mean that the therapeutic contact has been wildly successful. However, what might be great for the clients may not help you meet the requirements of this assignment. Begin looking for cases you can observe immediately.
- During your time as an observer you must always conduct yourself in a professional manner and adhere to the American Association for Marriage & Family Therapy Code of Ethics. You may not make noise in the observation room, talk while a case is in session, eat in front of clients, leave the observation room during a session for anything other than urgent circumstances, talk on your cell phone or text during a session, talk about cases in public, or arrive late or leave early. You are expected to dress professionally. Any student who cannot uphold the standards listed above will not be allowed to continue their observations and will receive zero points for the assignment.

(2) Therapist interview: At the conclusion of your three case observations, you must conduct an interview with the therapist you observed. Interview the therapist and ask them about how they make sense of the case, their therapeutic orientation, and about their approach to working with the specific client you observed. In no more than one page, provide a summary of the interview. You will turn this in as part of the assignment along with your Case Observation Record Sheet and the detailed Case Write-Up. In your presentation, briefly report what you learned from this interview.

(3) Detailed case report: You will also be required to turn in an outline regarding the case you observed. Some of the information you will have gathered from your observations, other information can be obtained during the interview with the therapist. As a guideline, use the assessment acronym SADDLESCID to inform your case observation write-up. Use the following outline for your write-up. Each numbered item is a section

heading. Items in bold must be typed as-is:

1. Title page
2. General Case Identification

This confidential case report was conducted by _____ for purposes of demonstrating clinical assessment and case conceptualization competencies, as part of the requirements for MFTH 7102 Interventions in Family Therapy.

Client(s):

D.O.B.:

Date of First Session:

Dates of Subsequent Sessions:

Total number of Therapy Sessions:

Date of Report:

3. Identifying Information
 - a. As relevant, provide information about gender, age, race, socio-economic class, educational level, involvement in work, religion, sexual orientation, and any other contextualizing demographic information that you believe is relevant to the clients, or understanding the case.
 - b. Genogram - Family composition
 - c. Identify which family members are attending therapy sessions
 - d. Relevant ways that the clients are nested in larger systems (legal, medical, educational, social services, etc.). You may also include an eco-map.
4. Referral Source & Reason for Referral
5. Presenting Problem
 - a. Describe the problem from the perspective of each participant in therapy
 - b. How does the problem make sense to each member of the family (all behavior makes sense in context)?
 - c. To the best of your ability, describe how any significant members of the system who are not present at the therapy sessions understand the problem. This includes the referral source and any important members in the client system (think about teachers, employers, judges, probation officers, DFCS workers...)
 - d. Identify any attempted solutions
6. History of the Presenting Problem
 - a. When does client state the problem first appeared? How did it develop?
 - b. How does –being stuck make sense? What assumptions, hopes, beliefs, or facts of nature maintain the problem?
7. Medical History

8. Psychiatric History
9. Abuse History
 - a. Physical, dates reported
 - b. Sexual, dates reported
10. Family History
11. Developmental History (if IP is child or adolescent)
12. Social History
13. Spiritual/Religious affiliation & involvement
14. Risk Assessment
 - a. Suicidal: Level of current risk to self harm, previous attempts
 - b. Homicidal: Level of current risk to others, previous attempts
15. Systems hypothesis:
 - a. Identify what you believe the process is for the system. Identify any therapy models that frame your perspectives
 - b. Attempt to draw a circular process/interactional cycle that sustains the problem. Partial cycles are acceptable.
16. DSM-V dx
17. Treatment Plan
 - a. Client's goals for therapy. Different family members might have different goals.
 - b. How do the therapist interns make sense of the problem? Name therapy modality(ies) used by MFT intern(s). Describe types of interventions used.
 - c. Therapy modality(ies) you would be inclined to use if you were the assigned therapist for this case
 - d. What resources do you believe might help the client system with their problem?
18. Summary of therapy outcome to date:
 - a. Statement of how you see the case progressing
 - b. Who in the system is most motivated to change? Who in the system is least motivated to change?
 - c. How could change be scary, difficult, dangerous, or otherwise adverse to anyone in the system?
 - d. Describe any clients involved in the system who you find it hard to understand, make sense of, or whom you find it easy to blame or easy to feel frustrated with their role in the problem.
 - e. Things that were particularly noteworthy or perplexing

19. Supervisory Requests:

- a. Imagine you are the assigned therapist. What would be one supervisory request you would make?
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Pre-Practicum Simulation – 30 pts

An essential part of this course is skill development. To develop the basic skills crucial to becoming a therapist, each student will be expected to take part in three pre-practicum simulations. During each pre-practicum simulation, students will take turns being a therapist and/or a member of a consultation team. When the student is the therapist, they will be evaluated on their ability to demonstrate basic therapy skills. When the student is a team member, they will be evaluated on their ability to discuss and provide feedback regarding the therapy session or treatment issue. Following each pre-practicum simulation, the entire group will debrief the experience. During this debriefing, students will have an opportunity to consolidate clinical and theoretical ideas, reflect on their experiences, ask questions, and receive instructor feedback about skills practiced and learned. In addition, students will practice writing case notes for the therapy simulation, develop systemic hypotheses, and conceptualize how to thoughtfully use the DSM-IV-TR to assess the case at hand. The pre-practicum experiences will occur over the course of the semester and will take place at FamilyWorks.

Students will be assigned to be a member of either Group A or Group B. Please note, on the days scheduled for pre-practicum, students only have to attend class during the scheduled time for their group.

The skills that will be evaluated:

1. Ability to join with clients and build therapeutic rapport. This includes the ability to review informed consent and confidentiality, as well as review additional first session paperwork.
 2. Ability to ask questions in a conversational and interactive manner, rather than an interrogational manner. Interrogational - machine gun fire (how, when, where, who, what he said, etc.). Conversational: When you are your partner are fighting what is this like? What do you tend to fight about...? So when you are fighting about... how does it usually start?
 3. Ability to ask questions to provide greater context to understand the client(s) and the problem (examples might include: when did you first notice that this was a problem for you, how did you both decide that it is time to do something different, how did you find the clinic, how does the problem impact your relationship with....)
 3. Ability to demonstrate active listening and make reflective statements to invite more expression from clients. Ability to ask circular and/or process questions that can help deepen client's story (examples might include: How often do you fight? You said that the fights are bad can you tell me more about what happens when you fight that it gets bad? You said that you did not want to come to therapy, can you tell me about how you ended up coming? You said that when you're depressed it is like a dark cloud. So when this dark cloud descends on you, how does your life change? What is different than when it is not present?).
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3. Final Case Report: Distinguishing Process from Content – 40 pts (10 for the case summary, 10 for each process example). Due May 1, 2014

*******You should treat this as an on-going assignment throughout the course of the semester. Do NOT wait until the last two weeks to start this report.*******

It is easy to ask about content and become fixated on the content of a case, rather than working with the process. As a systems practitioner, it is critical that you develop the skill of identifying process, asking process questions, and facilitating therapeutic process. In short... it's all about the process.

By the end of this course, one of your primary goals should be to demonstrate that you are able to differentiate process from content. Therefore, the objective of this assignment is to demonstrate your ability to identify process moments/questions in the course of therapy. You will do this via analysis of therapy sessions at FamilyWorks.

Steps to Complete:

- I. Arrange with a MFT intern to observe one or more of his or her cases via the one way mirror or videotape recordings. You are only required to follow one case for a minimum of 3 sessions, but I encourage you to follow the case for the duration of the semester.
- II. Identify a minimum of three Process moments/questions that occurred over the course of therapy. Describe what you think qualifies these as process moments/questions. Talk about what was happening contextually in the session that led to the therapist asking the particular process question. Describe the outcome of the process questions/moments. If you are only able to identify two Process moments/questions after analyzing the sessions, you may come up with your own process question you would ask the client(s). Describe what your objective would be in asking that question.
- III. Use the following outline for your report:
 - Title page
 - General Case Identification

This confidential case report was conducted by _____ for purposes of demonstrating clinical competency in identifying therapeutic process, as part of the requirements for MFTH 7102 Interventions in Family Therapy.

Client(s):

D.O.B.:

Date of First Session:

Dates of Subsequent Sessions:

Total number of Therapy Sessions:

Date of Report:

- Identifying Information
 - b. As relevant, provide information about gender, age, race, socio-economic class, educational level, involvement in work, religion, sexual orientation, and any other contextual demographic information that you believe is relevant to the clients, or understanding the case.
 - c. Genogram - Family composition
 - d. Identify which family members are attending therapy sessions
 - e. Relevant ways that the clients are nested in larger systems (legal, medical, educational, social services, etc.). You may also include an eco-map.

 - Presenting Problem
 - f. Describe the problem from the perspective of each participant in therapy
 - g. How does the problem make sense to each member of the family (all behavior makes sense in context)?
 - h. Identify any attempted solutions
20. History of the Presenting Problem
- a. When does client state the problem first appeared? How did it develop?
 - b. How does –being stuck make sense? What assumptions, hopes, beliefs, or facts of nature are maintain the problem?
21. Medical History
22. Psychiatric History
23. Abuse History
- a. Physical, dates reported
 - b. Sexual, dates reported
24. Family History
25. Developmental History (if IP is child or adolescent)
26. Social History
27. Spiritual/Religious affiliation & involvement
28. Risk Assessment
- a. Suicidal: Level of current risk to self harm, previous attempts
 - b. Homicidal: Level of current risk to others, previous attempts
29. Systems hypothesis:
- a. Identify what you believe the process is for the system.
 - b. Attempt to draw a circular process/interactional cycle that sustains the problem. Partial cycles are acceptable.

30. Treatment Plan

- a. Client's goals for therapy. Different family members might have different goals.
- b. How do the therapist interns make sense of the problem? Name therapy modality(ies) used by MFT intern(s). Describe types of interventions used.
- c. Therapy modality(ies) you would be inclined to use if you were the assigned therapist for this case (OPTIONAL)
- d. What resources do you believe might help the client system with their problem?

31. Process Moment/Example 1:

- a. # of session:
- b. Client(s) Present:
- c. Presenting issue in session:
- d. Example:

32. Process Moment/Example 2:

- a. # of session:
- b. Client(s) Present:
- c. Presenting issue in session:
- d. Example:

33. Process Moment/Example 3:

- a. # of session:
- b. Client(s) Present:
- c. Presenting issue in session:
- d. Example:

Please be mindful of the following:

- You will be observing therapy *and* observing therapist interns who are learning to do therapy. Take advantage of the chance to gain insight into the experience of learning to be a therapist as well as what is happening therapeutically. Talk to the therapy interns, be very, very, *very* curious about their experience, find out what they are thinking, get interested in their struggles, explore what they are learning, ask about how they are making sense of therapy. Before each session, review the MFT intern's case notes for the previous session.
- Because you will be participating in live observations, you may not capriciously join and then leave an ongoing case. Once you start a case, plan to attend each meeting scheduled by the clients and therapist intern(s), for at least three sessions, or through the end of the semester.
- Keep in mind that often clients start therapy, but do not 'finish'. They also miss sessions and often participate inconsistently. This is not a sign that therapy is going poorly; in fact, it may mean that the therapeutic contact has been wildly successful. However, what might be great for the clients may not help you meet the requirements of

this assignment. Begin looking for cases you can observe immediately.

- During your time as an observer you must always conduct yourself in a professional manner and adhere to the American Association for Marriage & Family Therapy Code of Ethics. You may not make noise in the observation room, talk while a case is in session, eat in front of clients, leave the observation room during a session for anything other than urgent circumstances, talk on your cell phone or text during a session, talk about cases in public, or arrive late or leave early. You are expected to dress professionally. Any student who cannot uphold the standards listed above will not be allowed to continue their observations and will receive zero points for the assignment.

A Note About Assignments & Grading

All assignments are expected to be turned in on time, no later than 15 minutes after class begins on the day the assignment is due. *Please do not ask me to make exceptions to grading policies. In fairness to those students who meet the requirements and time parameters as defined in the syllabus, I am unlikely to make exceptions.*

Poor writing, organization, and clarity will significantly reduce your grade.

The grade of "A" is reserved for work that is outstanding. A grade of "B" reflects fully sufficient and adequate work. A "C" reflects below average graduate-level work, indicating inadequacy in some aspects combined with adequacy in other domains. The grade of "D" will be given to work that is insufficient in many dimensions. The grade of "F" will be given to work that is insufficient in most dimensions.

Academic Integrity

I expect that all students are aware of VSU's policies regarding academic dishonesty and plagiarism. All students are expected to do their own work and to uphold a high standard of academic ethics. Cheating involves violation of integrity and the Academic Code of Ethics. Examples include, but are not limited to the following:

- **Using unauthorized notes on an exam, test, or class exercise.**
- Taking or procuring or attempting to take or procure an unauthorized copy of a test, exam.
- Copying from another student's exam, test, or class exercise.
- Communicating with others during an exam, test, or exercise.
- Taking or modifying an instructor's grade book.
- **Plagiarizing on a paper or class exercise.**
 - 1) Using another writer's exact words without using quotation marks and giving a complete citation, which indicates the source of the quotation such that your reader could locate that quotation in its original context. As a rule of thumb, taking a passage of eight or more words without providing a citation is a violation of federal copyright laws.
 - 2) Paraphrasing another writer's words and presenting the revised version as your own work.
 - 3) Presenting another's ideas as your own-even if you use totally different words to express those ideas.

Whether the student involved is an active participant in the above, or the passive agent to the

above makes no difference. In other words, assisting with and allowing the above to occur is also a violation of the Academic Code of Ethics.

The act of student cheating dishonors the student, the student's peers, the faculty, and the entire academic enterprise. According to the departmental policy on cheating, "faculty feel strongly that academic cheating violates the integrity of the classroom environment." **Also, as outlined in the VSU Student Handbook, students who cheat will receive "a grade of "F" in the course."** Also, the instructor may decide that further action is warranted, and the case "may be referred to the Dean of Students where [more severe] official charges may be drawn up."

Students should consult with the instructor if there are any questions regarding academic honesty or dishonesty.

Library

Students are expected to be proficient in using the library system to obtain resources for papers. If you are unfamiliar or need a refresher you can schedule a consultation. Consultations are designed for in-depth or difficult research beyond what is typically possible at the Reference Desk. It provides VSU students, faculty and staff with the opportunity to work one-on-one with a member of Odum Library's Reference team. At a consultation you have opportunities for uninterrupted, focused sessions, training in advanced search techniques for specific electronic databases, in-depth discussion of your specific research needs, learning how and where to access appropriate databases, building skills in interpreting citations, and exploring various options for obtaining library materials. To make an appointment with a Reference Librarian phone (229) 333-7149 or <http://www.valdosta.edu/library/forms/consult.php>

A Note About Electronic Devices

Please put your cell phones on silent mode or vibrate mode to reduce the distraction to your classmates and instructor. Do not view text messages during class. If you need to view a text message or a missed call, please step out of the classroom to handle your personal business. If you are anticipating the need to take a call during the class period, please talk to me before class about how to monitor your communication device.

Weekly Topics & Reading Schedule

Dates	Weekly topics and reading schedule
Week 1 - Jan. 10	<p>Introduction to Interventions in MFT</p> <p>Review of the syllabus</p> <p>Sign up for case presentation dates</p> <p>Brief introduction of SADDLESCID assessment acronym</p> <p>Writing case notes: SOMIR & SOAP</p> <p>Common factors vs theory</p> <p>Therapeutic relationship</p> <p>Unconditional positive regard</p> <p>Reading:</p> <ul style="list-style-type: none"> • Escape from Babel, ch. 5

Week 2 - Jan. 17	<p>Self of the Therapist</p> <p>Therapist epistemology Therapist stance & positioning Therapist self-awareness Boundaries Counter-transference Therapist self-disclosure Self-care</p> <p>Reading:</p> <ul style="list-style-type: none"> • The Tactics of Change: Doing Therapy Briefly, ch. 2
Week 3 - Jan. 24	<p>Initial Phase of Therapy</p> <p>Intake paperwork Phone contact Joining</p> <ul style="list-style-type: none"> • Introductions • Informed consent • Discussing therapy process • Discussing epistemology <p>Role-play</p> <p>Reading:</p> <ul style="list-style-type: none"> • The Tactics of Change: Doing Therapy Briefly, chs. 4 & 5 • Essential Skills in Family Therapy, ch.3
Week 4 - Jan. 31	<p>Assessment</p> <p>SADDLESCID Systems hypotheses Case planning Treatment plans Role-play</p> <p>Reading:</p> <ul style="list-style-type: none"> • Essential Skills in Therapy, ch.4
Week 5 - Feb. 7	<p>Formulating Questions</p> <p>How to ask questions conversationally & interactionally Process versus content questions Circular questions Contextual questions & meaning-making Role-play</p> <p>Reading:</p> <ul style="list-style-type: none"> • Symbol, Story, & Ceremony, chs. 3 & 4 • Essential Skills in Family Therapy, ch.6

Week 6 – Feb. 14	<p>Therapist Attunement Validation Affirmation Active listening Deepening the therapeutic process Role-play Reading:</p> <ul style="list-style-type: none"> • Escape from Babel, ch. 4 • A Brief Guide to Brief Therapy, ch.11
Week 7 – Feb. 21	<p>IFTA Conference Reading Day – NO CLASS</p>
Week 8 – Feb 28 (Midterm – Last Day to Drop a Class Online)	<p>Therapeutic Directiveness & Leadership Giving directives Interrupting Letter writing, “Experiments” & homework. Modality: Structural & Experiential Reading:</p> <ul style="list-style-type: none"> • Essential Skills in Family Therapy, chs.7 & 8 • Theory Based Treatment Planning, chs. 2 & 6
Week 9 - Mar. 7	<p>Modality: Narrative Creating distinctions: Unique outcomes, exceptions, reframing, metaphors, positive connotation, re-authoring. Reading:</p> <ul style="list-style-type: none"> • Theory Based Treatment Planning, ch.11
Week 10 - Mar. 14 (Due: Case Observation Report)	<p>Modality: Solution-Focused Reading:</p> <ul style="list-style-type: none"> • Theory Based Treatment Planning, ch.10
Week 11 – March 21	<p>Spring Break No Class</p>
Week 12 – March 28	<p>Pre-Practicum 1 Group A: 10-11:15 am Group B: 11:30-12:45 pm Reading:</p>
Week 13 – April 4	<p>Pre-Practicum 2 Group A: 10-11:15 am Group B: 11:30-12:45 pm</p>

Statement of Orientation to Therapy

Drawing from your education and any other life experience that have been meaningful to you, prepare a statement of your orientation to therapy. This statement should give the reader a good sense about the ideas that serve as the foundation for your approach to clinical practice.

As I grade your statement, I will look for the following components:

- overall coherence of the statement
- the sophistication of the concepts presented
- the depth and detailed used to describe your ideas
- use of APA conventions
- clarity
- use of examples
- organization

Clearly label each section.

- **Clinical stance.** Describe your clinical posture. It is understood that a supportive, non-judgmental, empathic, caring, and respectful attitude is essential to good therapy. While you should mention these things, the discussion of your clinical stance should go beyond these basics. For instance: Are you oriented to an educational stance? Do you aspire to be an expert about process or content (or both)? How much of your role as a therapist do you believe should include social control functions? Do you believe that therapy is primarily about personal growth? How concerned are you with the notion of transferability (your goal is not limited to solving the presenting problem, but to improving the client's life in other areas as well)? Do you believe that change is generalized? Do you rely on content theories (personality theories, for example)? How do you determine the unit of change? How important are historical influences (inter-generational influences or childhood experiences, for instance)? What life experiences have shaped your therapeutic posture? Do not limit your discussion to these questions. Outstanding orientation statements will go beyond the suggestions I have included here.

- **Therapeutic Affiliation.** Discuss your theoretical lens. Which theory, or assortment of theories, makes the most sense to you? What do you find most appealing about these ideas? What schools of therapy, models, or practitioners make the most sense to you? How do these fit with your personal style, ethics, and clinical stance? Provide details about this.

- **Outstanding Therapeutic Example.** Provide an example of therapy that exemplifies your idea of good clinical practice. Explain why you believe this constitutes exceptional therapy. Be specific and detailed. If your example does not come from your own experience, be sure to cite your source using APA conventions.