

MFTH 7600, PRACTICUM I
Valdosta State University
Department of Marriage & Family Therapy
Thursday, 3:00 -10:00
Fall 2013

Lana Kim, PhD.

Office: Continuing Education Building, Family Therapy Annex, Rm. 145

Mobile: 229-460-2019

Office: 229-333-7983

Email: lkim@valdosta.edu

Office hours: Mondays, 2-5 pm, Tuesdays 9-11 am, Thursdays 1:45-2:45 pm, by appointment

I am available by appointment almost anytime. However, always feel free to call me on my cell phone (229-460-2019) with questions that may affect client safety, legalities, ethics, or any client or internship concern you consider urgent.

Course Description

Practica give you the opportunity to practice systemically informed family therapy with a team and under the supervision of an experienced faculty supervisor. This practicum is designed to help you gain experience seeing clients and to help you learn to think about therapy and change.

Student Learning Outcomes

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

Level-Specific Learning Outcomes

Each of the level-specific learning outcomes corresponds to one or more of the MFT Program Learning Outcomes with an asterisk that you will find listed above. These are indicated in parentheses after each learning outcome.

Each student will be graded, according to their Practica level (i.e., Practicum I, Practicum II, or Practicum III) using the rubric on page 10 of this syllabus.

By the end of Practicum I, students will be able to consistently:

1. Introduce themselves and the clinic (policies, procedures, videotaping, etc.) to clients in a warm and professional manner. (Student Learning Outcomes: 1, 2, 3, 4)
2. Follow clinic policy (paperwork, follow-up, confidentiality, legal, and/or referral issues, etc.). (Student Learning Outcomes 1, 2, 3, 4)

3. Conduct themselves in a professional and effective manner (attendance, punctuality, presentation of self) (Student Learning Outcomes: 1, 2, 3, 4)
4. Maintain an active load. (Student Learning Outcomes: 3, 4)
5. Sensitively vary voice (tone, volume, rate, inflection) and non-verbal behavior (posture, gestures, facial expressions) to connect with clients. (Student Learning Outcomes: 1, 2, 3, 4)
6. Empathically communicate an understanding of and respect for the experience of clients. (Student Learning Outcomes: 1, 2, 3, 4)
7. Ask questions in a conversational and interactive (as opposed to interrogational) way. (Student Learning Outcomes: 1, 2, 3, 4)
8. Avoid offering simplistic advice and personal opinions. (Student Learning Outcomes: 1, 2, 3, 4)
9. Limit self-disclosure to occasions of therapeutic utility. (Student Learning Outcomes: 1, 2, 3, 4)
10. Explore client stories with curiosity and demonstrate patience in developing possible interventions. (Student Learning Outcomes: 1, 2, 3, 4)
11. Attend to larger-system issues and access appropriate resources for clients. (Student Learning Outcomes: 1, 2, 3, 4)
12. Deliver supervisor/team communications with poise and sensitivity. (Student Learning Outcomes: 1, 2, 3, 4)
13. Actively solicit and implement supervision as an opportunity for learning, regardless of model. (Student Learning Outcomes: 1, 2, 3, 4)
14. Challenge their own premises and biases, and expand their awareness and appreciation of cultural, gender, spiritual, and sexual diversity. (Student Learning Outcomes: 1, 2, 3, 4)
15. Actively participate in practicum, offering and requesting constructive feedback, when appropriate. (Student Learning Outcomes: 2, 3, 4)
16. Demonstrate an understanding of and respect for multiple perspectives (clients, team, supervisor) (Student Learning Outcomes 1, 2, 3, 4)
17. Conceptualize and describe client conundrums in systemic, non-pathologizing ways. (Student Learning Outcomes: 1, 2, 3)

In addition to the above, by the end of Practicum II, students will be able to consistently:

1. Develop and maintain themes across sessions. (Student Learning Outcomes: 2, 3, 4)
2. Interacts with children, including them in meaningful ways. (Student Learning Outcomes: 2, 3)
3. Spontaneously generate relational questions and comments in the therapy room (Student Learning Outcomes: 2, 3, 4)
4. Distinguish relevant information—in relation to model, client(s), goals, previous sessions, etc.—and organize the conversation accordingly. (Student Learning Outcomes: 2, 3)
5. Weave supervisor/team communications into the conversation in a smooth manner. (Student Learning Outcomes: 3)
6. Contribute systemic ideas to team discussions. (Student Learning Outcomes: 2, 3, 4)
7. Appropriately generalize from supervision on a particular case to other analogous situations. (Student Learning Outcomes: 3)
8. Discuss and describe cases concisely within a systemic framework. (Student Learning Outcomes: 2, 3)
9. Require less detailed direction from the supervisor. (Student Learning Outcomes: 3, 4)
10. Identify what they wish to obtain from supervision. (Student Learning Outcomes: 3, 4)

In addition to the above, by the end of Practicum III, students will be able to consistently:

1. Follow practicum site policy (paperwork, follow-up, legal and/or referral issues, etc.) (Student Learning Outcomes: 1, 2, 3, 4)
2. Participate in the practicum site as a valued and professional employee. (Student Learning Outcomes 1, 2, 3, 4)
3. Balance supervision from multiple sources. (Student Learning Outcomes: 2, 3)
4. Articulate a coherent therapeutic orientation. (Student Learning Outcomes: 1, 2, 3, 4)
5. Access the appropriate supervisory chain of command in the case of emergencies. (Student Learning Outcomes: 2, 3)
6. Conduct themselves in multiple supervisory and clinical contexts in a professional manner (attendance, punctuality, presentation of self). (Student Learning Outcomes: 1, 2, 3, 4)
7. Work independently and accurately assess the need for supervisory direction. (Student Learning Outcomes: 3)
8. Bring prepared audio and/or video segments as directed by the supervisor.

Required Materials

- FamilyWorks Clinic Name Badge
- FamilyWorks Clinic business cards and appointment reminders
- You may be required to purchase a package of 10 recordable DVDs, however the need is to be determined, and there is no need to purchase these until you are asked to do so.

Grading

This program uses a practicum evaluation form developed by Flemons, Green, and Rambo (1996) to assess your skills as a therapist. Using this form, I will be doing an end-of-the-semester review with each of you. If you would like a mid-semester review, I would be happy to make an appointment with you, and we can discuss your work. Practicum is pass/fail, so your transcripts reflect an “S” (satisfactory) or a “U” (unsatisfactory).

Schedule

We will be meeting as a group from 3:00 to 10:00 pm on Thursdays. Individual supervision appointments are scheduled by individual appointment, usually with two supervisees. Always bring your agenda and a cued videotape of your recent work to individual supervision sessions.

Practicum Culture

The practicum is an on-going dialogue about how to think about change and how change happens. This dialogue involves the whole team and concerns all clients that we see. Even though you may not be in the room, the practicum works as a team and the clients “belong” to the team. As such, each team member’s voice, his or her ideas, opinions, and concerns are part of what shape and influence clients’ therapy experience and change.

In order to thrive and excel, a culture must protect 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 experientially explore these differences in a safe, positive, and supportive environment.

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 (Voice), 229-375-5871 (VP), 229-219-1348 (TTY), 229-245-3788 (Fax). For more information, please visit <http://www.valdosta.edu/access> or email: access@valdosta.edu.

The Student Success Center (SSC)

The 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. You can reach them at 229-333-7570 or email them at ssc@valdosta.edu.

Comprehensive Exam, Part II

Administration of the Comprehensive Exam, Part II

At the end of the second semester of practicum, students submit a Statement of Orientation to Therapy. This statement is a description of the student's philosophy of therapy with specific attention to how the student understands therapeutic change. A description of the content that must be addressed in the Statement as well as the required writing conventions will be disseminated by the instructor of MFTH 7600 Practicum in Marriage and Family Therapy at the beginning of the semester. This description follows the recommended reading list below.

Students are encouraged to discuss the development of the Statement of Orientation to Therapy with their professors. In addition, students may ask for formal feedback by turning in a draft on the Midterm date (see the online VSU Academic calendar for the exact date). *Drafts turned after the official University mid-term date will not be evaluated.* Students who desire formal feedback should:

- 1.) Provide the faculty supervisor with a hard copy of the draft.
- 2.) Send the faculty supervisor an electronic version of the document using a Word attachment, and
- 3.) Provide the faculty supervisor with contact information including email addresses and phone numbers. This draft will be evaluated by the faculty supervisor and returned with comments and/or a face-to-face meeting will be scheduled.

The final draft is due at the last class meeting.

Evaluation of the Comprehensive Exam, Part II

The Statement of Orientation to Therapy will be evaluated on a pass or fail basis. The student's current Supervisor of MFTH 7600 Practicum in Marriage and Family Therapy will evaluate the Statement of Orientation to Therapy. Students who submit a passing statement will have successfully completed Part Two of the Comprehensive Examination.

If the supervisor finds that the statement is unacceptable, the statement will be referred to the full MFT faculty for evaluation. If two or more faculty members find The Statement of Orientation to Therapy to be of unacceptable quality, the student does not pass Part Two of the Comprehensive Exam. Students who fail Part Two of the Comprehensive Exam must re-take Part Two and enroll in an additional section of either MFTH 7600 Practicum in Marriage and Family Therapy or MFTH 7980 Internship in Marriage and Family Therapy. Part Two of the Comprehensive exam can only be taken or re-taken while enrolled in MFTH 7600 or MFTH 7980. Part Two of the Comprehensive Examination may be re-taken once. Students who fail the Comprehensive Exam, Part II twice will be dismissed from the program.

Statement of Orientation to Therapy

A statement of your orientation to therapy is an articulation of your theory of therapeutic engagement and therapeutic change. Statements should reflect a cohesive, consistent theoretical orientation. Your writing should be succinct and clear. Whenever possible, include examples that illustrate your points. Your statement should:

1. Describe your clinical stance. Articulate the ways you relate to clients, and describe the kind of relationship you seek to establish with your clients.
2. What relational or systemic concepts inform your ideas about therapeutic problem formation? Your answer should include a description of what you consider to be important features of a therapeutic problem.
3. Discuss your ideas about how change occurs. Carefully cite those theorists and practitioners that inspire your philosophy of change.

Your Statement must be written in strict adherence with APA conventions, with one exception: statements *must* be written in the first person. Carefully cite all ideas, theories, and concepts. Statements may not exceed 8 pages of text. In addition to 8 pages of text, all Statements of Orientation to Therapy must include an abstract, full references, and a title page. An example of how your title page must appear is attached to this syllabus.

Recommended Reading

Anderson, T. (1991). *The reflecting team: Dialogues and dialogues about the dialogues*. New York: Norton.

Becvar, D. S., & Becvar, R. J. (2000). *Family therapy: A systemic integration*. Boston: Allyn & Bacon.

Berg, I. K. (1994). *Family based services: A solution-focused approach* (pp. 84-119). New York: Norton.

- Brown-Standridge, M. D., (1989). A paradigm for construction of family therapy tasks. *Family Process*, 28, 471-489.
- Capra, F. (1975). *The tao of physics*. Boulder: Shambhala.
- Capra, F. (1982). *The turning point*. New York: Simon & Schuster.
- Cecchin, G. (1987). Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity. *Family Process*, 26, 405-413.
- Combs, G., & Freedman, J. (1990). *Symbol, story, & ceremony: Using metaphor in individual and family therapy*. New York: Norton.
- DeShazer, S. (1984). Post-mortem: Mark Twain did die in 1910. *Family Process*, 23, 20-21.
- DeShazer, S. (1984). The death of resistance. *Family Process*, 23, 11 - 21.
- DeShazer, S. (1985). *Keys to solution in brief therapy*. New York: Norton.
- DeShazer, S. (1994). *Words were originally magic*. New York: Norton.
- DeShazer, S. (1985). *Keys to solutions in brief therapy*. New York: Norton
- Duncan, B. L., Hubble, M. A., & Miller, S. D. (1997). *Psychotherapy with "impossible" cases: The effective treatment of therapy veterans*. New York: Norton.
- Epston, D. (1993). Commentary. In S. Gillian & R. Price (Eds.), *Therapeutic conversations* (pp. 231-236). New York: Norton.
- Fisch, R., Weakland, J. H., & Segal, L. (1982). *The tactics of change: Doing therapy briefly*. San Francisco: Jossey-Bass.
- Flemons, D. G. (1991). *Completing distinctions*. Boston: Shambhala.
- Flemons, D. (2002). *Of one mind: The logic of hypnosis, the practice of therapy*. New York: W. W. Norton.
- Furman, B., & Ahola, T. (1992). *Solution talk: Hosting therapeutic conversations*. New York: Norton.
- Hoffman, L. (1981). *Foundations of family therapy: A conceptual framework for systems change*. New York: Basic Books.
- Hoffman, L. (2001). *Family therapy: An intimate history*. New York: W. W. Norton.
- Hudson, P. O., & O'Hanlon, W. H. (1992). *Rewriting love stories: Brief marital therapy*. New York: Norton.
- Keeney, B. P. (1983). *Aesthetics of change*. New York: Guilford.
- Madigan, S. (1993). Questions about questions: Situating the therapist's curiosity in front of the family. In S. Gilligan & R. Price (Eds.), *Therapeutic Conversations* (pp. 219-230). New York: Norton.
- O'Brian, C., & Bruggen, P (1985). Our personal and professional lives: Learning positive connotation and circular questioning. *Family Process*, 24, 311-322.
- O'Hanlon, B., & Beadle, S. (1997). *Guide to possibility land: Fifty-one methods for doing brief, respectful therapy*. New York: Norton.
- O'Hanlon, B., & Wilk, J. (1987). *Shifting contexts: The generation of effective psychotherapy*. New York: Guilford.
- O'Hanlon, W. H., & Weiner-Davis, M. (1988). *In search of solutions: A new direction in psychotherapy*. New York: Norton.
- Pittman, F. (1984). Wet cocker spaniel therapy: An essay on technique in family therapy. *Family Process*, 23, 1- 9.
- Penn, P. (1982). Circular questioning. *Family Process*, 21, 267-280.
- Penn, P. (1985). Fed-forward: Future questions, future maps. *Family Process*, 24, 299-310.

- 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.
- Stewart, S., & Anderson, C. (1984). Resistance revisited: Tales of my death have been greatly exaggerated (Mark Twain). *Family Process, 23*, 17-20.
- Tomm, K. (1987). Interventive interviewing, Part I: Strategizing as a fourth guideline for the therapist. *Family Process, 26*, 3-13.
- Tomm, K. (1987). Interventive interviewing, Part II: Reflexive questioning as a means to enable self-healing. *Family Process, 26*, 167-183.
- Tomm, K. (1988). Interventive interviewing, Part III: intending to ask lineal, circular, strategic, or reflexive questions? *Family Process, 27*, 1-15
- Watts, A. (1961). *Psychotherapy east and west*. New York: Vintage.
- Watzlawick, P., & Weakland, J. H. (1977). *The interactional view*. New York: W.W. Norton.
- Watzlawick, P., & Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: W.W. Norton.
- White, M. (1989). *Selected Papers*. Adelaide, Australia: Dulwich Centre.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

Running Head: PERSONAL DISCOVERY

My Personal Discovery: A Statement of Orientation

Thinking About Change: A Statement of Orientation

Transforming from Student to Therapist: An Orientation to Therapy

The Art of Change: A Therapist's Epistemology

Your name

A Statement of Orientation Presented to
the Faculty of the Marriage and Family Therapy Program at Valdosta State University
in Fulfillment of the Comprehensive Exam, Part II
and Partial Fulfillment of the Requirements for
the Master of Science Degree in Family Therapy
Valdosta State University
2012

Valdosta State University
Master's Practicum Evaluation
Marriage and Family Therapy Program

Student: _____ **Practicum:** _____

Supervisor: _____

Date: _____ **Grade:** _____

Students' progress in practica is assessed each semester in terms of a set of skills (described below) that the program considers necessary for the successful practice of family therapy. Demonstration of each skill is assessed on a 5-point scale:

- 5 means that the student consistently demonstrated the described behavior or skill;
- 4 means that the student often demonstrated the described behavior or skill;
- 3 means that the student inconsistently demonstrated the described behavior or skill
- 2 means that the student seldom demonstrated the described behavior or skill
- 1 means that the student never demonstrated the described behavior or skill.

By the end of Practicum I, students must be able to consistently:

- _____ Introduce themselves and the clinic (policies, procedures, videotaping, etc.) to clients in warm and professional manner.
- _____ Follow clinic policy (paperwork, follow-up, confidentiality, legal, and/or referral issues, etc.).
- _____ Conduct themselves in a professional and effective manner (attendance, punctuality, presentation of self).
- _____ Maintain an active load.
- _____ Sensitively vary voice (tone, volume, rate, inflection) and non-verbal behavior (posture, gestures, facial expressions) to connect with clients.
- _____ Empathically communicate an understanding of and respect for the experience of clients.
- _____ Ask questions in a conversational and interactive (as opposed to interrogational) way.
- _____ Avoid offering simplistic advice and personal opinions.
- _____ Limit self-disclosure to occasions of therapeutic utility.
- _____ Explore client stories with curiosity and demonstrate patience in developing possible interventions.
- _____ Attend to larger-system issues and access appropriate resources for clients.
- _____ Deliver supervisor/team communications with poise and sensitivity.
- _____ Actively solicit and implement supervision as an opportunity for learning, regardless of model.
- _____ Challenge their own premises and biases, and expand their awareness and appreciation of cultural, gender, spiritual, and sexual diversity.
- _____ Actively participate in practicum, offering and requesting constructive feedback, when appropriate.
- _____ Demonstrate an understanding of and respect for multiple perspectives (clients, team,

- supervisor)
_____ Conceptualize and describe client conundrums in systemic, non-pathologizing ways.

In addition to the above, students at the end of Practicum II must be able to consistently:

- _____ Develop and maintain themes across sessions
_____ Spontaneously generate relational questions and comments in the therapy room.
_____ Distinguish relevant information—in relation to model, client(s), goals, previous sessions,
etc.—and organize the conversation accordingly.
_____ Weave supervisor/team communications into the conversation in a smooth manner.
_____ Contribute systemic ideas to team discussions.
_____ Appropriately generalize from supervision on a particular case to other analogous situations.
_____ Discuss and describe cases concisely within a systemic framework.
_____ Require less detailed direction from the supervisor.
_____ Identify what they wish to obtain from supervision.

In addition to the above, students at the end of Practicum III must be able to consistently:

- _____ Follow practicum site policy (paperwork, follow-up, legal and/or referral issues, etc.)
_____ Participate in the practicum site as a valued and professional employee.
_____ Balance supervision from multiple sources.
_____ Articulate a coherent therapeutic orientation.
_____ Access the appropriate supervisory chain of command in the case of emergencies
_____ Conduct themselves in multiple supervisory and clinical contexts in a professional manner
(attendance, punctuality, presentation of self).
_____ Work independently and accurately assess the need for supervisory direction.
_____ Bring prepared audio and/or video segments as directed by the supervisor.

Comments: