

## Survey of Marriage and Family Therapy

Fall, 2016

Wednesday, 9:00ish – 12:00ish am plus labs

**Professor:** Dave Robinson, PhD  
dave.r@usu.edu  
(435) - 797 - 7431

**Office Hours:** By appointment

**Prerequisite:** Admission to the MFT Program

### **Utah State University Marriage and Family Therapy Program Educational Outcomes:**

#### Program outcomes

The program will:

1. Graduate culturally competent therapists to work in the mental health field (PO 1).
2. Prepare students for successful completion of the MFT national exam and MFT licensure (PO 2).
3. Adhere to the advertised student graduation timeframe (PO 3).

#### Student Learning Outcomes

Each student will:

1. Demonstrate competence in the assessment, diagnosis, treatment, and client management of individuals, couples, and families (SLO 1).
2. Understand and apply ethical principles and decision making to clinical practice (SLO 2).
3. Demonstrate cultural competence and sensitivity to diversity of clients, colleagues, faculty, supervisors, and the public (SLO 3).
4. Interpret and integrate scholarly work into her or his clinical work (SLO 4).

#### Specific Student Learning Outcomes for this course: (One, two, three, or all four of the SLOs)

1. Demonstrate competence in the assessment, diagnosis, treatment, and client management of individuals, couples, and families (SLO 1).
2. Understand and apply ethical principles and decision making to clinical practice (SLO 2).
3. Demonstrate cultural competence and sensitivity to diversity of clients, colleagues, faculty, supervisors, and the public (SLO 3).

### **Course Description and Objectives:**

This course is designed to prepare students with the foundational knowledge and skills to begin a career as a marriage and family therapist. This will be accomplished by combining both didactic content and experiential activities. Material presented throughout the course will focus on foundational marriage and family therapy theories and core therapeutic competencies required for establishing yourself as a competent therapist. During this course you will begin to identify theories that fit best with your personality and world view. Students also will begin their clinical skill building through observation, role-play, and non-clinical family interviews.

### **Course Format:**

1. *Large Group Seminar.* We will meet for 2 ½ hours each week to discuss readings and special issues.
2. *Large Group Laboratory.* We will meet additional time some weeks to learn basic skills in family therapy through discussion, role-play, and observation.
3. *Observation.* Each of you will spend time observing therapy sessions by advanced students and writing observation notes.
4. *Volunteer Interviews.* Each of you will conduct four non-clinical interviews.

### **Required Texts:**

Gehart, D. (2013). *Mastering Competencies in Family Therapy: A Practical Approach to Theory and Clinical Case Documentation* (2<sup>nd</sup> Ed.). Belmont, CA: Brooks/Cole.

Nichols, M. (2012). *Family Therapy: Concepts and Methods* (10<sup>th</sup> Ed.). Boston, MA: Allyn & Bacon.

Additional readings and master's series recordings.

### **Core Competencies (see Appendix A)**

## **Evaluation Criteria**

### **Participation and Preparedness**

1. **Participation:** Attend all classes, sessions, and other activities as scheduled on time. As a clinical fundamentals course, most of your learning will occur through **active**

**participation** in class discussions, assignments, clinical cases/work observations and other activities.

2. **Preparation:** Read assignments prior to class and be prepared to participate in *informed* discussions about assigned and voluntary readings and to apply it to clinical work.

### **Clinical Administration**

1. **Professionalism:** Present yourself in a professional manner (e.g., dress, language) in all of your interactions with clients and other professionals, including FLC staff. *[Note: Failure to demonstrate professionalism with clients and other professionals may result in a failing grade for the class.]*
2. **Ethical and Legal Standards:** Adhere to the ethical standards of the profession of Marriage and Family Therapy and conduct yourself in a legal and ethical manner with clients, colleagues, supervisors, and other professionals. *[Note: Violation of ethical standards or failure to effectively demonstrate the use of ethical principles may result in a failing grade for the class.]*
3. **Marketing:** All students will market the clinic for a minimum of 5-7 hours per semester. Activities including posting flyers, talking with media (e.g., newspaper stories), radio or TV interviews, etc. Hours will be recorded each month at the time clinical hours are turned in and will be reported to practicum supervisors. *Due Dec. 3. [Note: Failure to do your marketing hours may result in a failing grade for the class.]*

### **Course Assignments**

1. Each of you will conduct at least **THREE “non-clinical” or “volunteer” family interviews** during the semester, one of which must be live observed by me and at least one other live observed by at least one teammate (**CC 1.3.1; 2.3.8; 2.3.10; 2.4.2**). Interviews must be video recorded. If you do one in the couple’s/family’s home, you may use one of the program’s camcorders. (You can count up to 10 hours total). One interview must include a basic genogram. The genogram must be turned in to get full credit.

At least one interview must be with a couple and at least one must be with a minimum of three family members present, including a child old enough (at least 2 or 3 years old) to interact with you. Most interviews must be with “strangers.” You may want to interview close friends, family, or neighbors as well as someone from your cohort; this may help you learn why it is not a good idea to do therapy with people you know. You also should be the interviewee once. Finally, you will need to arrange an interview for me to observe.

- Couple
- Family (3 people, intergenerational)
- Interviewee (requires different observation paper; may count toward observations)

- Observation by Dave
- Observation by team member (counts toward required observations for the team member)

Due: Nov. 9

**2. Therapy Observations (CC 1.1.4; 1.2.2; 1.3.2; 1.3.4; 2.2.1; 2.2.4; 2.3.3; 2.3.5; 2.3.6; 2.3.9; 2.3.11; 3.2.1; 3.4.1; 3.4.2; 3.4.3; 3.4.5; 3.5.4; 4.2.1; 4.2.2; 4.3.4; 4.3.5; 4.3.8; 4.3.11) :** As a team (three per team) you will observe, prepare and turn in observations notes for ten clinical sessions. To be successful in this portion of the course, the following is required:

1. Attend 10 observations of second year students (7 as a member of the same client team – must be relational and 3 observations of 3 different therapists).
2. Within 24 hours following the session, each team will prepare a **brief report that describes your experience (See Appendix B) and addresses the topic** for that particular observation. Here you will not only observe the clinical portion, but you will also be involved in the team discussions, case notes, etc.
  - a. You will follow one case from beginning to end, which hopefully allows you to observe the case from the initial contact through the process of termination
  - b. You will focus on a specific area of clinical development as you observe:
    - i. Joining
    - ii. Assessment and Diagnostic Formation
    - iii. Collaborative Treatment Planning
    - iv. Integration of Systems with the Students Theoretical Model
    - v. Intervention
    - vi. How the Students Integrative Model Results in Change
    - vii. Termination and Relapse Prevention

**First five are due October 12 and the last five are due by Nov. 16.**

3. **Systems (CC 1.1.1)** Each of you will write a short (2-3) page paper illustrating your understanding of *five systems* concepts. In this paper, name the concept, describe or define briefly, and then illustrate these concepts using a family from a Hollywood video. Many students report that reading Primer (Becvar & Becvar, 1999) is helpful for understanding systems concepts. Due September 21<sup>st</sup>
4. **Genogram (CC 2.3.8)** Each of you will draw your own genogram and write an accompanying brief report. The genogram should be at least 3 generations with you as the youngest generation and as the focus of the genogram. Write a short (2-3 pages) paper on what you notice as patterns in your family. *Due Sept. 14*
  - using at least *three constructs* from the McGoldrick et al. book
  - identify a point in time from the genogram (any generation). Discuss family life cycle concepts as discussed in McGoldrick (2003) including at least one horizontal and one vertical stressor.

- You will each have 15-20 minutes to report on your genogram in class on September 14.

5. **Risk Management (CC 2.3.6; 4.1.3)** Each of you will review the risk management concepts in the policies and procedures manual and conduct a clinical interview with Dave to show that you are capable of appropriately dealing with high risk situations. You should practice these situations throughout the semester with your classmates. These experiences will occur during classtime, labs, and may occur during the OSCE.

6. **Personal theory of change (CC 1.1.1; 1.1.2; 4.1.1; 6.3.1; 6.3.3)** Use the information below. As much as possible, you must *substantiate* your theory of change with literature citations in APA format (1" margins, page # in heading, double spaced, 12 pt. Times New Roman font). Limit the paper to 12 pages. Because you will be revising this paper throughout your career as an MFT student (see Policies and Procedures Manual), it is important that you start it well as an academic as well as a personal document. During this class you will need to complete the following sections of your paper:

#### Section 1: Introduction

In this section, you will introduce the reader to your model(s) and provide an overview of your paper. You will also need to find a way to engage your readers and make them want to read it. Due with revised sections 1 & 2 November 16<sup>th</sup>.

#### Section 2: Worldview

Worldview illustrates how values, ideologies, and beliefs about human nature influence what we choose to consider or neglect in the process of therapy. It becomes the active paradigm or lens through which therapists view the client context and integrate systems concepts with other models of therapy. Due October 26<sup>th</sup>.

#### Section 3: Normal Family Development

An understanding of human development is important for therapists trying to facilitate change. This section will address factors that you feel are important in the individual and relationship development. Whether or not explicitly mentioned, your model(s) can help you identify specific elements of individual and relationship experiences that are important to you. Due October 21<sup>st</sup>.

7. **Master's Series Videos (CC 1.1.1; 1.1.2):** You also will watch at least *two videos* during the semester, at least *two* of which must be therapy videos. We have a library of videos from you which you can choose. I suggest that you watch these in groups (with popcorn, milk duds, and twizzlers, of course). We may watch parts of videos during class and you may want to watch the rest of the video on your own. Write a one-page reaction paper on each video: What model concepts could you see at play? How well do you think the video showed the model – why and why not? What did you get from the video about your own style of therapy or theory of therapy and change? Identify at least 3 systems concepts in each video. Due Nov. 2<sup>nd</sup> (10%).

8. **OSCE - Skills development (CC all of the above mentioned):** I will observe your skills in role play and non-clinical family interviews (live and video recording) and will listen to your discussion in class. Your skills will be evaluated in four areas: conceptual, perceptual, executive, evaluative.
- a. *Conceptual skills:* your ability to think and describe interactions in systems terms, to describe dynamics and contexts in terms of the concepts of both general systems theory and particular models. All of this is expected at an elementary, beginning family therapist level.
  - b. *Perceptual skills:* your ability to apply concepts of family therapy to what you are observing; to observe complex interactions and dynamics from a systemic perspective and to describe these when prompted. Again, this is expected at an elementary, beginning family therapy level.
  - c. *Executive skills:* your ability to interview families; to organize a session according to articulated goals and interview plan; to manage interactions in the interview; to elicit material in an organized, coherent fashion; to demonstrate elementary skill in assessing family dynamics; to track sequences and otherwise demonstrate elementary proficiency in basic family therapy skills.
  - d. *Evaluative skills:* your ability to evaluate yourself in terms of your session plan, skills, self issues, and theoretical application to a case; to evaluate a therapy session; to evaluate an ongoing or terminated therapy case from a fresh perspective.

This evaluation, using the Basic Skills Evaluation Device<sup>©</sup>, will determine whether and when you begin clinical work. If there are any concerns, they will be discussed with you. Evaluations will be discussed with the Spring semester practicum supervisor. Core therapy skills (joining, therapy configuration, deescalating, relational questioning, identifying core issues, genograms) will be evaluated throughout the semester.

**Your Final Evaluation of Initial Therapy Skills will occur in December. An Objective Structured Clinical Examination (OSCE) will be conducted to evaluate your core therapy skills. This evaluation will be used to determine your ability to progress to FCHD 6390 - Practicum. Failure to pass the OSCE will result in the remediation process outlined in the Policies and Procedures Manual. The Assessment of Clinical Therapy Readiness Scale (ACTS) will be used to evaluate your performance.**

9. **Small-Group Presentation and Handout (50 X 2= 100 points) (CC 1.1.1; 1.1.2):** You will part of a two person team to prepare two – 30-45-minute presentations on two core MFT theories. The presentations must include a handout (which can be used in the future

to highlight the key aspects of theory), demonstrate that you have extended your knowledge *beyond the readings* for class, and highlight the strengths and weaknesses of each theory. By the end you should have a very good understanding of at least two theories. **Group Presentations will start Week 6.**

10. **Cultural Diversity (CC 1.2.1; 1.2.4) :** Students will identify a diversity experience and produce a 2-3 page paper on the experience that outlines (Due **November 30th**):
- a) You experience and what you learned about others and yourself
  - b) Review what your responsibility is when working with individuals and families who are different from you
  - c) Identify any self-of-therapist issues that make working with others with different experiences and what you are going to do to address this.

**11. Additional assignments as needed.**

<b><u>Grading Policies:</u></b>	<b>Points</b>
Volunteer interviews (4 x 10)	40
Therapy observations (10 x 10)	100
Systems concepts paper	25
Genogram paper	25
Risk Management	25
Theory of Change	100
Video papers	30
Skills Development	75
Presentations (2 X 50 points)	100
<u>Cultural Diversity</u>	<u>25</u>
<b>Total</b>	<b>545</b>

The final grade will be based on your level of competency in meeting objectives of the course. Your in-class work and completed assignments will be used in assessing your competency.

Below is a general description of each grade. However, each assignment will include a set of criteria that will be used to grade your work. No extra credit work is provided in this class.

- A = Exceptional work in all areas.
- B = Competent work in all areas.
- C = Generally competent work in most areas, but isolated indications of inconsistent or marginal work in some areas.
- D = Indication of inconsistent or marginal work, with the possibility of improvement through continued supervision.
- F = Indication of habitually inconsistent or marginal work.

The following scale will be used at the end of the semester to determine the final grade.

A.....	94% or higher	C.....	74% or higher
A-.....	90% or higher	C-.....	70% or higher
B+.....	87% or higher	D+.....	67% or higher
B.....	84% or higher	D-.....	64% or higher
B-.....	80% or higher	D.....	60% or higher
C+.....	77% or higher	F.....	below 60%

**Grading Policies**

**Note: All papers must be written in APA format, including references. Failure to use APA formatting will result in a reduction in your grade for that assignment. You will also be graded on spelling, grammar, sentence structure, and other aspects of writing.**

**Assignments are due no later than 9:00am on the date specified in the syllabus.**

*Late Assignments:* Turning in assignments late will result in a 10% per day reduction in your grade for that assignment. If your assignment is turned after class on the day it was due, your grade will still be deducted by 10% for being turned in late.

**Honor Pledge:**

To enhance the learning environment at Utah State University and to develop student academic integrity, each student agrees to the following Honor Pledge: “I pledge, on my honor, to conduct myself with the foremost level of academic integrity.”

**Diversity Statement:**

The Utah State University is committed to a pluralistic campus community through Affirmative Action and Equal Opportunity. We assure reasonable accommodation under the Americans with Disabilities Act.

Students with disabilities are encouraged to contact me for a confidential discussion of their individual needs for academic accommodation. It is the policy of the Utah State University to provide flexible and individualized accommodation to students with documented disabilities that may affect their ability to fully participate in course activities or to meet course requirements. To receive accommodation services, students must be registered with the Disability Resource Center, 0101 Old Main Hill, (435) 797-2444.



## FCHD 6310, Fall 2016 - Weekly Schedule of Content and Readings

*Note: This is the proposed schedule of classes and topics. It is subject to change.*

<b>Date of Class</b>	<b>Topic/Readings</b>	<b>Assignments</b>
Week 1 (8/31/16)	Introduction, syllabus, MFT models, Code of Ethics	
Week 2 (9/7/16)	Foundations - Nichols 1	<b>Groundbreaking 10:00</b>
Week 3 (9/14/16)	Techniques and Fundamentals - Nichols 2-3	<b>Genogram due</b>
Week 4 (9/21/16)	Competency & Conceptualization- Gehart 1 & 13	<b>Systems Paper due</b>
Week 5 (9/28/16)	Theory & Philosophy - Gehart 2 & 3	
Week 6 (10/5/16)	Intergenerational & Psychoanalytic - Nichols 4; Gehart 7	<b>TOC Paper Section 2 due</b> Pres Grp 1:
Week 7 (10/12/16)	Systemic and Strategic - Nichols 5; Gehart 4	Pres Grp2: First 5 Observations due
Week 8 (10/19/16)	Suicide assessment – tapes to be made Thursday Afternoon – Gehart 11	<b>Safety assessments due</b> <b>17<sup>th</sup></b>
Week 9 (10/26/16)	Structural - Nichols 6; Gehart 5	<b>TOC Paper Section 3 due</b> Pres Grp 3:
Week 10 (11/2/16)	Experiential - Nichols 7; Gehart 6	Pres Grp 4: <b>Master video papers due</b>
Week 11 (11/9/16)	Solution Focused – Nichols 11; Gehart 9 CBT/Mindfulness – Gehart 8	<b>Volunteer Interviews due</b> Pres Grp 5:
Week 12 (11/16/16)	Narrative Nichols 12; Gehart 10	<b>Revised Theory of Change Paper 1-3 Due,</b> <b>Last 5 Observations</b> Pres Grp 6:
Week 13 (11/23/16)	Thanksgiving	Eat lots of turkey
Week 14 (11/30/16)	Assessment & Treatment Plans - Gehart 14 & 15 Evaluation and Documentation - Gehart 16 & 17	<b>Cultural Diversity Due</b> <b>Marketing Hours Due</b>
Week 15 (12/7/16)	OSCE	<b>OSCE – your finest hour!</b>

## Appendix A

### **Core Competencies addressed in 6310:**

#### **1. Admission to Treatment**

##### *1.1. Conceptual skills*

1.1.1. Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy.

1.1.2. Understand theories and techniques of individual, marital, family, and group psychotherapy.

1.1.4. Understand the risks and benefits of individual, couple, family, and group psychotherapy.

##### *1.2. Perceptual skills*

1.2.1. Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context).

1.2.2. Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services).

1.2.4. Consider cultural and socioeconomic factors in mental health service delivery.

##### *1.3. Executive skills*

1.3.1. Gather and review intake information.

1.3.2. Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources).

1.3.4. Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.

##### *2.2. Perceptual skills*

2.2.1. Determine the person or system that is the focus of treatment (i.e., who is the client?).

2.2.3. Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.

2.2.4. Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.

2.3.3. Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.

2.3.5. Administer and interpret results of assessment instruments.

2.3.6. Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.

2.3.8. Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.

2.3.9. Make accurate behavioral and relational health diagnoses.

2.3.10. Identify clients' strengths, resilience, and resources.

2.3.11. Elucidate presenting problem from the perspective of each member of the therapeutic system.

##### *2.4. Evaluative skills*

2.4.2. Assess ability to view issues and therapeutic processes systemically.

#### **3. Treatment Planning and Case Management**

##### *3.1. Conceptual skills*

3.1.1. Know which models, modalities, and/or techniques are most effective for the presenting problem.

##### *3.2. Perceptual skills*

3.2.1. Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.

##### *3.4. Evaluative skills*

3.4.1. Evaluate progress of sessions toward treatment goals.

- 3.4.2. Recognize when treatment goals and plan require modification.
- 3.4.3. Evaluate level of risks, management of risks, crises, and emergencies.
- 3.4.5. Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.
- 3.5. *Professional skills*
- 3.5.4. Utilize time management skills in therapy sessions and other professional meetings.

#### **4. Therapeutic Interventions**

##### *4.1. Conceptual skills*

- 4.1.1. Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies.
- 4.1.3. Understand the risk of harm associated with models that incorporate assumptions of family dysfunction or pathogenesis.

##### *4.2. Perceptual skills*

- 4.2.1. Recognize how different techniques may impact the treatment process.
- 4.2.2. Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.

##### *4.3. Executive skills*

- 4.3.4. Reframe problems and recursive interaction patterns.
- 4.3.5. Generate relational questions and reflexive comments in the therapy room.
- 4.3.8. Defuse intense and chaotic situations to enhance the safety of all participants.
- 4.3.11. Modify interventions that are not working to better fit treatment goals.

#### **6. Research and Program Evaluation**

##### *6.1. Conceptual skills*

##### *6.3. Executive skills*

- 6.3.1. Read current MFT and other professional literature.
- 6.3.3. Critique professional research and assess the quality of research studies and program evaluation in the literature.

Appendix B  
Guided Observation Notes

Name \_\_\_\_\_

Case ID# \_\_\_\_\_ Primary Therapist \_\_\_\_\_ Session # \_\_\_\_\_

Team members, other observers \_\_\_\_\_

Family members present, ages \_\_\_\_\_

Presenting problem, therapist's hypothesis \_\_\_\_\_

\_\_\_\_\_

Session plan for clients and therapist personal goal for the session -

\_\_\_\_\_

\_\_\_\_\_

Client Goals: \_\_\_\_\_

\_\_\_\_\_

Observation concepts/skills \_\_\_\_\_

Evaluation of Therapist's plan & goals (include at least 3 MFT concepts) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluation of session \_\_\_\_\_

\_\_\_\_\_

Discussion, evaluation of your goals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FCHD 6310 Observation Goal Ideas

First five observations: Systems concepts

Wholeness

Recursion

Feedback

Equifinality

Subsystem, system, suprasystem

Morphogenesis

Process vs. content

Pattern

Joining procedures

Three hypotheses

Model concepts from class

Model concepts from therapist

Cultural context and how it impacts therapy

How therapist joins, manages couple dynamics, manages family dynamics, etc.

Specific interventions from model/approach (observe for both 1<sup>st</sup> and 2<sup>nd</sup> order models)

Specific interventions from therapist's approach

OSCE Grading Rubric – ACTS

**ASSESSMENT OF CORE THERAPEUTIC SKILLS**

	<b>Deficient</b>	<b>Emerging Skills</b>	<b>Competence</b>	<b>Exceptional Skills</b>	<b>NA</b>
--	------------------	------------------------	-------------------	---------------------------	-----------

1. Establishing therapeutic relationships

1-2                      3-4-5                      6-7-8                      9-10

.....

Comment:

2. Engendering hope

1-2                      3-4-5                      6-7-8                      9-10

.....

Comment:

3. Joining and establishing a therapeutic alliance

1-2                      3-4-5                      6-7-8                      9-10

.....

Comment:

4. Deescalating

1-2                      3-4-5                      6-7-8                      9-10

.....

Comment:

5. Identification of presenting problems

1-2                      3-4-5                      6-7-8                      9-10

.....

Comment:

6. Establishing therapy goals with the system

1-2                      3-4-5                      6-7-8                      9-10

.....

Comment:

7. Effective use of relational/reflexive questions

1-2                      3-4-5                      6-7-8                      9-10

.....

Comment:

8.	Safety planning	1-2	3-4-5	6-7-8	9-10
----	--------------------	-----	-------	-------	------

.....

Comment:

Additional comments:

## Theory of Therapy and Change Project Outline

### **Section 1: Introduction** (~1/2 page)

In this section, you will introduce the reader to your model(s) and provide an overview of your paper. You will also need to find a way to engage your readers and make them want to read it.

### **Section 2: Worldview** (~1 page)

Worldview illustrates how values, ideologies, and beliefs about human nature influence what we choose to consider or neglect in the process of therapy. It becomes the active paradigm or lens through which therapists view the client context and integrate systems concepts with other models of therapy.

### **Section 3: Normal Family Development** (~1-2 pages)

An understanding of human development is important for therapists trying to facilitate change. This section will address factors that you feel are important in the individual and relationship development. Whether or not explicitly mentioned, your model(s) can help you identify specific elements of individual and relationship experiences that are important to you.

### **Section 4: How Problems Arise** (~1-2 pages)

In this section, you will provide your beliefs about how problems arise in the lives of individuals, couples, and families. This builds upon your worldview and beliefs about normal family development to explain how problems arise and the nature of those problems. Even though you are talking about problems generally, use your terminology from your model as a guide.

### **Section 5: Assessment/Diagnosis** (~1 page)

Having just explained your beliefs about problems more generally, you will now address the therapeutic implications in this section by explaining your philosophy of assessment and diagnosis. Make sure to address the role of assessment and diagnosis in your work and how you use them to inform treatment process.

### **Section 6: How Change Occurs** (~2-3 pages)

In this section, you will talk about how change occurs generally. You will discuss more about therapeutic change later. Your purpose here is to think about how people make changes in their lives (whether it be in therapy or not). When they make those changes, what are the primary mechanisms of change? Although you are not just discussing therapeutic change in this section, your ideas should align with how change occurs within your model(s)

### **Section 7: Goals and Interventions** (~2-3 pages)

Having just explained change more generally, you will now explain how you facilitate that change in a therapeutic setting, using your model(s). You can discuss both process (i.e., the therapeutic setting that you are working towards) and outcome goals (specific outcomes for the client). Then you will illustrate several interventions that help clients meet



their goals.

**Section 8: Role of the Therapist** (~1-2 pages)

In this section, you will address your role as the therapist in helping clients move towards change. Unless addressed elsewhere, it is also important to address your responsibility toward ethical practice and cultural humility.

**Section 9: Evaluating Therapeutic Effectiveness** (~1-2 pages)

In this section, you will address your philosophy for evaluating your therapeutic effectiveness. You will also clearly explain how you measure your effectiveness and how that process helps you become a better therapist.

**Section 10: Case Study** (~2-3 pages)

Applying your model(s) to a personal case allows you to demonstrate competence in transferring knowledge to application. This should be an integration of information from worldview, therapy models, assessment, competency with diversity, context, self of the therapist, and so forth.

**Section 11: Conclusion** (~1/2 page)

In your conclusion, make sure you bring everything together and really help your readers understand what you want them to take from your paper. As part of this, you can also reflect on how your ideas have change over time, the strengths you have discovered, and next steps in your development as an MFT.

# Theory of Change Grading Rubric

Student Name \_\_\_\_\_

## Introduction

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
-------------------	---------------	-------------------------	---------------------------	-------------------	---------

## World View/Theoretical Formulation

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
-------------------	---------------	-------------------------	---------------------------	-------------------	---------

## Normal Family Development

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
-------------------	---------------	-------------------------	---------------------------	-------------------	---------

## How Problems Arise

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
-------------------	---------------	-------------------------	---------------------------	-------------------	---------

## Assessment/Diagnosis

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
-------------------	---------------	-------------------------	---------------------------	-------------------	---------

## How Change Occurs

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
-------------------	---------------	-------------------------	---------------------------	-------------------	---------

## Goals and Interventions

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
-------------------	---------------	-------------------------	---------------------------	-------------------	---------

## Role of Therapist

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
-------------------	---------------	-------------------------	---------------------------	-------------------	---------

## Evaluating Therapy Effectiveness

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
-------------------	---------------	-------------------------	---------------------------	-------------------	---------

## Case Study

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
-------------------	---------------	-------------------------	---------------------------	-------------------	---------

## Integration of Culture and Diversity

Poor 1	Fair 2	Marginal 3	Competent 4	Exceptional 5	____/5
-----------	-----------	---------------	----------------	------------------	--------

## Integration of Ethical Standards

Poor 1	Fair 2	Marginal 3	Competent 4	Exceptional 5	____/5
-----------	-----------	---------------	----------------	------------------	--------

**Total Score** \_\_\_\_\_/110  
Competence for Theory of Change minimum of 88

# Group Presentation Grading Rubric

Presenters: \_\_\_\_\_

Date: \_\_\_\_\_

Topic \_\_\_\_\_

Score: \_\_\_\_\_ /50 points

## Organization and Time Management/ Team Work and Collaboration ( /10)

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional
Below 5	5-7	8	9	10

## Presentation Style and Class Engagement (help bring the theory to life) ( /10)

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional
Below 5	5-7	8	9	10

## Overview of Theory and presentation of strengths and weaknesses ( /20)

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional
Below 12	12-15	16	17-18	19-20

## Handout ( /10)

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional
Below 5	5-7	8	9	10

Competence = 40/50

### Cultural Diversity Paper Rubric

**Core Skill:** Ability to identify an appropriate experience to enhance your cultural competence.

Exceptional Skills	Skill Competence	Minor Skill Deficit	Moderate Skill Deficit	Major Skill Deficit	Points
5 points	4 points	3 points	2 points	1 points	5 pts

**Core Skill:** Ability to explore the general application of your cultural competence ideas.

Exceptional Skills	Skill Competence	Minor Skill Deficit	Moderate Skill Deficit	Major Skill Deficit	Points
10 points	8 points	6 points	4 points	2 points	10 pts

**Core Skill:** Ability to identify the application between your cultural competence experience and the therapeutic process.

Exceptional Skills	Skill Competence	Minor Skill Deficit	Moderate Skill Deficit	Major Skill Deficit	Points
10 points	8 points	6 points	4 points	2 points	10 pts
				<b>TOTAL POINTS</b>	<b>25</b>