P-774 Intergenerational Psychodynamic Family Therapy
Wednesday 2:15-5pm
Room 161
Professor: Suzanne M. Coyle, Ph.D.
E-mail scoyle@cts.edu, office 931-2349
Office Hours: By appointment

Course Catalogue Description

Family therapy approaches derived from intergenerational implications of psychoanalytic thought, with attention to transmission of characteristics, justice between generations, grieving.

Purpose and Method of Class

The purpose of this class is to explore the theoretical foundations of intergenerational family therapy through readings, class discussion, experiential exercises, clinical training tapes, role plays, genogram workbook, and written assignments. The professor will also demonstrate clinical technique and process. Students are expected to integrate their understanding of their own family of origin with the materials in the class to discover ways to integrate personal family experience with professional identity as they develop their own intergenerational family therapy theory.

MFT Standards Met

MFT Core Competencies

In December 2004, American Association for Marriage and Family Therapy developed MFT core competencies that represent the minimum competence for a licensed marriage and family therapist to demonstrate. The core competencies taught in this class are as follows:

Admission to Treatment:
Standard 1.1.1—Understand system concepts, theories, and techniques that are foundational to the practice of marriage and family therapy.
Standard 1.1.2—Understand theories and techniques of individual, marital, couple, family, and group psychotherapy.

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

Clinical Assessment and Diagnosis:
Standard 2.1.6—Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.
Standard 2.3.3—Apply effective and systemic interviewing techniques and strategies.
Standard 2.3.6—Assess family history and dynamics using a genogram or other assessment instruments.

Treatment Planning and Case Management:
Standard 3.1.1—Know which models, modalities, and/or techniques are most effective for presenting problems.
Standard 3.3.1—Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
Standard 3.3.4—Structure treatment to meet clients’ needs and to facilitate systemic change.
Standard 3.5.3—Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.

Therapeutic Interventions:
Standard 4.2.1—Recognize how different techniques may impact the treatment process.
Standard 4.3.4—Generate relational questions and reflexive comments in the therapy room.
Standard 4.4.1—Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.

State MFT Licensure

This course helps meet requirements for licensure as a marriage and family therapist in Indiana and other states.

Assignments
Class attendance is required according to CTS academic policy.
See Grading Rubric in Appendix 1.

The following assignments will make up the basis for assigning grades in the class:

In Class

“Who Do You Think You Are?”(10%)--Students will view this NBC show weekly with reflection questions for class discussion.

Live Interview found in Appendix 7 and Appendix 8 (10%)—Practicum students will show an interview to the class using Bowenian or contextual therapy. Pre-practicum and non-licensure students will select a family from film or fiction and interview them in a role play. The interview will be evaluated according to outcome measures.

Written Assignments

Expanded Genogram found in Appendix 2 (20%) Students will expand their genograms to include a spiritual, cultural, or sexual genogram that has not been completed or in process in another class. If you have completed or will complete one of these in another class this semester, you must use a different focus for your expanded genogram.
Case Conceptualization found in Appendix 3 and Appendix 4 (20%-10% for Bowen; 10% for Contextual)--Practicum students will select a client to complete both a Bowenian and contextual therapy case conceptualization. Pre-practicum and non-licensure students will select a family from film or fiction. Note: Non-licensure students may elect to choose an alternate assignment such as the Intergenerational Family Analysis found in Appendix 10.

Treatment Plan found in Appendix 5 and 6 (15%)--Students will select either Bowenian, contextual, or integrative intergenerational theory to create a treatment plan for the family selected in the case conceptualization. A 3-5 page paper will explain the theory of change in this approach. Note: Non-licensure students may elect to choose an alternate assignment such as the Integrative Intergenerational Theory Paper found in Appendix 11.

Final Paper/Project found in Appendix 9 (25%)—Students will choose a topic for a research paper or project in consultation with the professor. A final paper should be 15-20 pages.

Detailed expectations for the written assignments, grading rubric, and learning outcomes are included in the appendices.

Required Books


*Genogram-Maker Millennium Software* (Christian Theological Seminary installation)


Supplemental Books


Schedule of Topics and Assignments

(Students will be notified of any change in topics and schedule due to the professor’s professional commitments.)

Self in Family of Origin and Family of Creation

January 19—Introduction to Class and Intergenerational Family Therapy

January 26—Using Genograms
Readings: *Genograms*, Chapters 1, 2, 3, and 4

February 2—Using Genograms
Readings: *Genograms*, Chapters 5, 6, 7, and 8

February 9—Using Genograms
Readings: *Genograms*, Chapters 9, 10, and 11

Theoretical Foundations

February 16—Foundations of Bowen Therapy
Readings: *Family Evaluation*, Epilogue, Introduction, Chapters 1, 2, and 3
**DUE: Expanded Genogram**

February 23—Foundations of Bowen Therapy
Readings: *Family Evaluation*, Chapters 4, 5, and 6

March 2—Foundations of Bowen Therapy
Readings: *Family Evaluation*, Chapters 7 and 8

March 9 NO Class Reading Week

March 16—Foundations of Contextual Therapy
Readings: *Between Give and Take*, Sections I and II
**DUE: Case Conceptualization (Bowen) or Intergenerational Family Analysis (Bowen)**

March 23—Foundations of Contextual Therapy
Readings: *Between Give and Take*, Sections III, IV, and V

Clinical and Community Practice

March 30—Counseling Couples
Readings: *Family Evaluation*—Chapters 9 and 10; *Between Give and Take*—Sections VI and VII
**DUE: Case Conceptualization (Contextual) or Intergenerational Family Analysis (Contextual)**
April 6—Counseling Families
Readings: Krazy Kinfolk

April 13—Integrating Intergenerational Clinical Practice
DUE: Treatment Plan or Integrative Intergenerational Theory Paper

April 20 NO Class Reading Week

April 27—Application of Intergenerational Therapy to Broader Contexts
Readings: Community Genograms

May 4—Student Presentations of Paper or Project
DUE: Final Paper/Project
Appendix 1

GRADING RUBRIC

All written assignments will be graded according to following grading rubric based on the MFT Core Competencies:

Level of Clinical Training:
- ☐ Pre-clinical training; coursework only
- ☐ 0-12 months ☐ 12-24 months ☐ 2+ years

Rating Scale
5 = Exceptional: Skills and understanding significantly beyond developmental level
4 = Outstanding: Strong mastery of skills and thorough understanding of concepts
3 = Mastered Basic Skills at Developmental Level: Understanding of concepts/skills evident
2 = Developing: Minor conceptual and skill errors; in process of developing
1 = Deficits: Significant remediation needed; deficits in knowledge/skills
NA=Not Applicable: Unable to measure with given data (do not use to indicate deficit)

A  All 3’s and up with one 2 allowed.
A- Mostly 3’s with some 2’s; nothing below a 2
B+ Mixture of 3’s and 2’s
B  More 2’s than 3’s; nothing below a 2
B- No 3’s; mostly 2’s with one 1 allowed
C and below 2’s and 1’s
Appendix 2

EXPANDED GENOGRAM

Due: February 16, 2011

Locate the family of origin genogram you completed in P-520. (Students who have not constructed a genogram will need to construct a basic family of origin genogram using Genogram-Maker Millennium on the CTS terminal server.) Attention to the process and concepts in the genogram resource books will strengthen the genogram. You will need to expand your family of origin genogram using either ideas from the genogram resources books or the spiritual/faith genogram handout. The expanded genogram will focus on some theme in your family of origin, connect it with a community genogram, or utilize a faith genogram. You may substitute an extensive community genogram. It is NOT acceptable to use a genogram you are preparing in another class such as “Sexuality, Gender, and Culture” this semester. Students who have already completed a spiritual genogram will need to focus on another aspect in the genogram.

An analysis of your family of origin will follow using your expanded genograms as illustrative. Utilize theoretical concepts in your analysis which should be limited to 2-4 pages double-spaced.

GENOGRAM RESOURCES


www.ancestry.com-- a web site that you can utilize for a 14 day trial offer.
Appendix 3

CASE CONCEPTUALIZATION v 1.0

Due March 16, March 30

Therapist:___________________ Client/Case #:___________ Date:___________

I. Introduction to Client & Significant Others (Include age, ethnicity, occupation, grade, relevant identifiers, etc.). Put an * next to persons in session and/or IP for identified patient.

AF or ___:
AM or ___:
CF or ___:
CM or ___:

II. Presenting Concern

Client’s/Family’s Descriptions of Problem(s):

AF or ___:
AM or ___:
CF or ___:
CM or ___:

Broader System Problem Descriptions: Description of problem from referring party, teachers, relatives, legal system, etc.:

III. Background Information

Recent background (recent life changes, precipitating events, first symptoms, stressors, etc.):

Related historical background (family history, related issues, past abuse, trauma, previous counseling, medical/mental health history, etc.):

IV. Systemic Assessment

Client/Relational Strengths:

Personal/Individual:

Relational/Social:

Spiritual:
Family Structure and Interaction Patterns

**Couple Subsystem** (to be assessed):
- [ ] Current relationship
- [ ] Past relationship
- [ ] Parent’s

**Couple Boundaries:**
- [ ] Clear
- [ ] Enmeshed
- [ ] Disengaged
- [ ] Other: ___________

Rules for closeness/distance: ___________

**Couple Problem Interaction Pattern** (A \(\rightarrow\) B):
- Start of tension: ___________
- Conflict/symptom escalation: ___________
- Return to “normal”/homeostasis: ___________

**Couple’s Complementary Patterns:**
- [ ] Pursuer/distancer
- [ ] Over/under functioner
- [ ] Emotional/logical
- [ ] Good/bad parent
- [ ] Other: ___________

*Ex: ________________________________

**Satir Communication Stances**

**AF:**
- [ ] Congruent
- [ ] Placator
- [ ] Blamer
- [ ] Superreasonable
- [ ] Irrelevant

**AM:**
- [ ] Congruent
- [ ] Placator
- [ ] Blamer
- [ ] Superreasonable
- [ ] Irrelevant

Describe dynamic: ___________

**Gottman’s Divorce Indicators:**
- Criticism: [ ] AF; [ ] AM; *Ex: ________________________________
- Defensiveness: [ ] AF; [ ] AM; *Ex: ________________________________
- Contempt: [ ] AF; [ ] AM; *Ex: ________________________________
- Stonewalling: [ ] AF; [ ] AM; *Ex: ________________________________
- Failed repair attempts: [ ] AF; [ ] AM; *Ex: ________________________________
- Not accept Influence: [ ] AF; [ ] AM; *Ex: ________________________________
- Harsh start up: [ ] AF; [ ] AM; *Ex: ________________________________

**Parental Subsystem:**
- [ ] Family of Procreation
- [ ] Family of Origin

**Membership in Family Subsystems: Parental:**
- [ ] AF; [ ] AM; Other: ___________

Is parental subsystem distinct from couple subsystem: [ ] Yes; [ ] No; [ ] N/A (divorce)

**Sibling subsystem:** ___________

**Hierarchy Between Child/Parents:**

**AF:**
- [ ] Effective
- [ ] Insufficient (permissive)
- [ ] Excessive (authoritarian)
- [ ] Inconsistent

**AM:**
- [ ] Effective
- [ ] Insufficient (permissive)
- [ ] Excessive (authoritarian)
- [ ] Inconsistent

*Ex: ________________________________

**Emotional Boundaries with Children:**

**AF:**
- [ ] Clear/Balanced
- [ ] Enmeshed (reactive)
- [ ] Disengaged (disinterest)
- [ ] Other: ___________

**AM:**
- [ ] Clear/Balanced
- [ ] Enmeshed (reactive)
- [ ] Disengaged (disinterest)
- [ ] Other: ___________

*Ex: ________________________________
Problem Interaction Pattern (A ⇔ B):
Start of tension: ________________________________________________________________
Conflict/symptom escalation: ___________________________________________________
Return to “normal”/homeostasis: ________________________________________________

Triangles/Coalitions:
☐ AF and C__ against AM: Ex. _________________________________________________
☐ AM and C __ against AF: Ex. _________________________________________________
☐ Other: Ex. _________________________________________________________________

Communication Stances
AF or ____________ : ☐ Congruent ☐ Placator ☐ Blamer ☐ Superreasonable ☐ Irrelevant
AM or ____________ : ☐ Congruent ☐ Placator ☐ Blamer ☐ Superreasonable ☐ Irrelevant
CF or ____________ : ☐ Congruent ☐ Placator ☐ Blamer ☐ Superreasonable ☐ Irrelevant
CM or ____________ : ☐ Congruent ☐ Placator ☐ Blamer ☐ Superreasonable ☐ Irrelevant
Ex. _________________________________________________________________

Hypothesis: Describe possible role or function of symptom in maintaining family homeostasis
___________________________________________________________________________
___________________________________________________________________________

Intergenerational Patterns
Substance/Alcohol Abuse: ☐ N/A; ☐ Hx: ___________________________________________
Sexual/Physical/Emotional Abuse: ☐ N/A; ☐ Hx: _________________________________
Parent/child relations: ☐ N/A; ☐ Hx: ____________________________________________
Physical/Mental Disorders: ☐ N/A; ☐ Hx: _________________________________________
Historical incidents of presenting problem: ☐ N/A; ☐ Hx: ___________________________
Family strengths: __________________________________________________________________

Previous Solutions and Unique Outcomes
Solutions that DIDN’T work: __________________________________________________________________
Solutions that DID work: ___________________________________________________________________

Narrative, Dominant Discourses, and Diversity
Dominant Discourses informing definition of problem:
Cultural, ethnic, SES, etc.: __________________________________________________________________
Gender, sex orientation, etc.: __________________________________________________________________
Other social influences: ___________________________________________________________________
Identity Narratives that have developed around problem for AF, AM, and/or CM/F: ______________

Local or Preferred Discourses: ____________________________________________________________

Other Influential Discourses: ____________________________________________________________

V. Genogram: Construct a family genogram and include all relevant information including:
- ages, birth/death dates
- names,
- relational patterns,
- occupations,
- medical history,
- psychiatric disorders,
- abuse history.

Also include a couple of adjectives for persons frequently discussed in session (these should
describe personality and/or relational patterns, i.e., quiet, family care taker, emotionally distant,
perfectionist, helpless, etc.). Genogram should be attached to report.

VI. Client Perspectives
Areas of Agreement: Based on what the client(s) has(ve) said, what parts of the above assessment
do they agree with or are likely to agree with?

Areas of Disagreement: What parts do they disagree with or are likely to disagree with? Why?

How do you plan to respectfully work with areas of disagreement?

Abbreviations
AF: Adult Female; AM: Adult Male; CF#: Child Female with age, e.g. CF12; CM# Child Male
with age; Hx: History; Ex. is explanation/example.
Appendix 4

CASE CONCEPTUALIZATION RUBRIC: SHORT FORM  V 1.0

Date: ______________
Therapist/Intern: ____________________________________________
Evaluator/Instructor: __________________________________________

Level of Clinical Training:
- [ ] Pre-clinical training; coursework only
- [ ] 0-12 months
- [ ] 12-24 months
- [ ] 2+ years

Rating Scale
5=Exceptional: Skills and understanding significantly beyond developmental level
4=Outstanding: Strong mastery of skills and thorough understanding of concepts
3=Mastered Basic Skills at Developmental Level: Understanding of concepts/skills evident
2=Developing: Minor conceptual and skill errors; in process of developing
1=Deficits: Significant remediation needed; deficits in knowledge/skills
NA=Not Applicable: Unable to measure with given data (do not use to indicate deficit)

Note: Scores of 3 and above indicate performing well for developmental level

| Score | Introduction | Presenting Concern | Background Information | Client/Relational Strengths | Couple Boundaries | Problem Interaction Pattern | Complementary Patterns | Communication Stances | Divorce Indicators | Parental Subsystem | Hierarchy Between Child/Parent | Emotional Boundaries with Children | Problem Interaction Pattern | Triangles/Coalitions | Communication Stances | Hypothesis | Intergenerational Patterns | Previous Solutions and Unique Outcomes | Narrative Observations; Larger System | Genogram | Client Perspective | Overall Conceptualization: Quality of Assessment | Additional Competency (Optional) | Additional Competency (Optional) |
|--------|--------------|--------------------|------------------------|----------------------------|-------------------|-----------------------------|----------------------|---------------------|------------------|-------------------|-------------------------------|-------------------------------|-----------------------------|------------------------|---------------------|----------------|-----------------------------|-------------------------------|----------------------|-------------------|--------------------------|-------------------------------|-----------------------------|
| 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA | 0 1 2 0 3 0 4 0 5 0 NA |

Notes:

Grade: ______________

Optional Scoring Method

Total Points Earned
Total Possible (Subtract 5 for NA; Add 5 for additional comp) 50 or
Average Score (3 and above indicate performing well)
Appendix 5
TREATMENT PLAN V 1.0
DUE APRIL 13

Therapist: __________________________ Client ID #: __________________________

Theory: ________________________________________________________________

Primary Configuration: □ Individual □ Couple □ Family □ Group: ____________

Additional: □ Individual □ Couple □ Family □ Group: _______________________

Medication(s): □ NA □ ________________________________

Contextual Factors considered in making Plan: □ Age □ Gender □ Family dynamics □ Culture □ Language
□ Religion □ Economic □ Immigration □ Sexual Orientation □ Trauma □ Dual dx/comorbid □ Addiction
□ Cognitive ability □ Other: _________________________________________________

Describe how plan adapted to contextual factors: ____________________________________________________________

I. Initial Phase of Treatment (First 1-3 sessions)

I.A. Initial Therapeutic Tasks

TT1: Develop therapeutic relationship with all members. Note: ____________________________

II: Intervention: ____________________________________________________________________________

TT2: Assess individual, systemic, and broader cultural dynamics. Note: _________________________

II: Intervention: ____________________________________________________________________________

I2: Intervention: ____________________________________________________________________________

TT3: Define and obtain client agreement on treatment goals. Note: _____________________________

II: Intervention: ____________________________________________________________________________

TT4: Identify needed referrals, crisis issues, and other client needs. Note: _______________________

II: Intervention: ____________________________________________________________________________

I.B. Initial Client Goals (1-2 Goals); Manage crisis issues and/or reduce most distressing symptoms

Goal #1: □ Increase □ Decrease ____________________________________________ (personal/relational dynamic)

to reduce __________________________________________ (symptom).

Measure: Able to sustain ____________________ for period of __ wks __ mos with no more than __ mild episodes of ______

II: Intervention: ____________________________________________________________________________

I2: Intervention: ____________________________________________________________________________

II. Working Phase of Treatment (Sessions 2+)

II.A. Working Therapeutic Tasks

TT1: Monitor progress towards goals. Note: ____________________________________________________________________________

II: Intervention: ____________________________________________________________________________
TT2: Monitor quality of therapeutic alliance as therapy proceeds. Note:

II: Intervention:

II.B. Working Client Goals (2-3 Goals). Target individual and relational dynamics using theoretical language (e.g., reduce enmeshment, increase differentiation, increase agency in relational narrative, etc.)

Goal #1: 
- Increase __________ (personal/relational dynamic) to reduce __________ (symptom).

Measure: Able to sustain __________ for period of __ wks __ mos with no more than __ mild episodes of __________

II: Intervention:

I2: Intervention:

Goal #2: 
- Increase __________ (personal/relational dynamic) to reduce __________ (symptom).

Measure: Able to sustain __________ for period of __ wks __ mos with no more than __ mild episodes of __________

II: Intervention:

I2: Intervention:

Goal #3: 
- Increase __________ (personal/relational dynamic) to reduce __________ (symptom).

Measure: Able to sustain __________ for period of __ wks __ mos with no more than __ mild episodes of __________

II: Intervention:

I2: Intervention:

III. Closing Phase of Treatment (Last 2+ weeks)

III.A. Closing Therapeutic Tasks

TT1: Develop aftercare plan and maintain gains. Note:

II: Intervention:

III. B. Closing Client Goals Determined by theory’s definition of health.

Goal #1: 
- Increase __________ (personal/relational dynamic) to reduce __________ (symptom).

Measure: Able to sustain __________ for period of __ wks __ mos with no more than __ mild episodes of __________

II: Intervention:

I2: Intervention:

Client Perspective

Has treatment plan been reviewed with client: ☐ Yes ☐ No; If no, explain: ________________________________

Describe areas of Client Agreement and Concern: __________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

Therapist’s Signature, ____________________________ Intern Status ____________________________ Date ____________
Supervisor’s Signature, License ____________________________ Date ____________
Appendix 6

TREATMENT PLAN RUBRIC: SHORT FORM V 1.0

Date: __________
Therapist/Intern: ________________________________
Evaluator/Instructor: ________________________________
Level of Clinical Training:
☐ Pre-clinical training; coursework only
☐ 0-12 months
☐ 12-24 months
☐ 2+ years

Rating Scale
5=Exceptional: Skills and understanding significantly beyond developmental level
4=Outstanding: Strong mastery of skills and thorough understanding of concepts
3=Mastered Basic Skills at Developmental Level: Understanding of concepts/skills evident
2=Developing: Minor conceptual and skill errors; in process of developing
1=Deficits: Significant remediation needed; deficits in knowledge/skills
NA=Not Applicable: Unable to measure with given data (do not use to indicate deficit)

Note: Scores of 3 and above indicate performing well for developmental level

<table>
<thead>
<tr>
<th>Score</th>
<th>Choice of Theory and Configuration</th>
<th>Initial TT: Relationship</th>
<th>Initial TT: Assess</th>
<th>Initial TT: Crisis</th>
<th>Initial TT: Referral</th>
<th>Initial TT: Goals</th>
<th>Initial CG</th>
<th>Initial Interventions</th>
<th>Work TT</th>
<th>Work CG</th>
<th>Working Interventions</th>
<th>Closing TT</th>
<th>Closing CG</th>
<th>Closing Interventions</th>
<th>Overall Understanding of Theory and Technique</th>
<th>Overall Plan</th>
<th>Client Perspective</th>
<th>Additional Competency (Optional)</th>
<th>Additional Competency (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td>0 1 0 2 0 3 0 4 0 5 0 NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: ____________________________________________________________

Grade: ___________________________________________________________

Optional Scoring Method
Total Points Earned
Total Possible (Subtract 5 for NA; Add 5 for additional comp) 50 or
Average Score (3 and above indicate performing well)
Appendix 7

LIVE INTERVIEW INSTRUCTIONS V 1.0

Mock/Role Play interview with a family with a minor child; may also be done with a live family, although this may reduce number of areas that can be assessed.

Roles
- Therapist: 1-2 people to be therapist
- Family: 2-6 people to be the family
- Supervisor: 1-2 people to be supervisor
- Team: 1 or more people to be the team (optional)

Family Vignette should include:
- A family with a minor child (minimum 2 people; ideally 3 or more)
- One potential crisis that requires a safety plan, e.g. cutting, suicide, binging, drinking, partner violence, etc.
- At least one overt diversity issue that is made known to therapist early in session or before beginning role play: culture, language, education, SES, ability, sexual orientation, etc.
- One high intensity moment (preferable not at end): an argument, refusal to speak, etc.

Interview Format
- Therapist role plays introductory meeting with family, including process of obtaining consent.
- Length of session should be predetermined.
- A mid-session break should be scheduled for therapist(s) to meet with supervisor and team.

Therapist Tasks include:
- Establish a therapeutic relationship with all family members, attending to diversity issues
- Introductory Discussion to Obtain Consent
  - Discuss agency policies and procedures
  - Discuss confidentiality and its limits
  - Address confidentiality with minors and between family members (e.g., secrets / no secrets policy)
- Systemically Assess and Intervene
  - Obtain description of problem from all family members, including children
  - Use of systemic perspective to view family
  - Use of relational questions and reframing to help generate systemic perspective for family
- Manage Crisis Issues
  - Address crisis issues and create safety plan when needed
  - Offer one referral
  - Psychoeducation regarding major mental health disorders, prognosis, recovery process, etc.
- Manage Time
  - A mid-session break with consult from supervisor/team (mock supervisor okay)
  - End on time without reminder from supervisor/instructor
Appendix 8

LIVE INTERVIEW EVALUATION RUBRIC: SHORT FORM V 1.0

Date: __________
Therapist/Intern: _______________________________________
Evaluator/Instructor: _______________________________________
Level of Clinical Training:
☐ Pre-clinical training; coursework only  ☐ 0-12 months  ☐ 12-24 months  ☐ 2+ years

Rating Scale
5=Exceptional: Skills and understanding significantly beyond developmental level
4=Outstanding: Strong mastery of skills and thorough understanding of concepts
3=Mastered Basic Skills at Developmental Level: Understanding of concepts/skills evident
2=Developing: Minor conceptual and skill errors; in process of developing
1=Deficits: Significant remediation needed; deficits in knowledge/skills
NA=Not Applicable: Unable to measure with given data (do not use to indicate deficit)

Note: Scores of 3 and above indicate performing well for developmental level

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Notes:

Grade: __________

Optional Scoring Method
Total Points Earned
Total Possible (Subtract 5 for NA; Add 5 for additional comp)  50 or ¬¬¬
Average Score (3 and above indicate performing well)
Appendix 9

FINAL PAPER/PROJECT

Due: May 4, 2011

Must demonstrate 5 of the MFT Core Competencies

Students will complete either a 15- 20 page research paper documented according to Seminary standards in the student handbook or a project described as follows:

FINAL PAPER

The final paper should discuss a topic through the lens of intergenerational family theory with bibliographic references to not less than 10 book and journal articles. Some reference to journal articles is required. Critical reflection on the literature is essential. The final paper topic must be approved by the professor. The following are suggested topics which are not exhaustive:

- “Gender Expectations through an Intergenerational Cultural Lens”
- “(Mother and Sons) or (Fathers and Daughters) and Gender Roles from a Feminist Perspective”
- “Theological/Faith Understanding of Forgiveness in Contextual Therapy”
- “Comparative Analysis of Bowenian Differentiation with Object Relations Individuation”
- “Impact of the Concept of Triangles on Marriage and Family Therapy”
- “Pre-marital Counseling Using a Family of Origin Approach”

FINAL PROJECT

The final project needs to be a project which could be used in your clinical experience or in a church or community setting. It needs to have an outline of the didactic material or a written monograph, an audio/visual component such as a PowerPoint presentation, video vignettes, and an experiential piece such as an exercise, role play, or training video with group discussion. The project needs to be compatible with its presentation venue.

The following are suggested projects which are not exhaustive:

- “Pre-marital Training for Pastors Using Intergenerational Theory”
- “Understanding (Churches/Family Businesses/Institutions) through Bowenian Theory”
- “Training for (Clinical Staff/Practicum Students) on (Bowenian therapy/Contextual Therapy)”
- “Using Genograms in Clinical Practice”
- “Forgiveness in Contextual Practice”—an experiential project
- “Therapist’s Self and Family of Origin”—an experiential project
Appendix 10

INTERGENERATIONAL FAMILY ANALYSIS

DUE: March 16 (Bowen) and March 30 (Contextual)

Students will select a family from either a film or fiction (consult the professor) and write a 2-3 double-spaced paper analyzing the family from the theories of both Bowen and contextual therapies.

Include the following in the paper:

- Brief description of the family
- Cultural, ethnic, and religious context of the family if known
- Selection of key theoretical concepts to analyze the family
- Assessment of family’s key challenges
Appendix 11

INTEGRATIVE INTERGENERATIONAL THEORY PAPER

Due: April 13, 2011

The purpose of this integrative intergenerational theory paper is to construct an intergenerational approach to marriage and family therapy that best fits you at this stage in your professional development. This paper can be used as a foundation for your current clinical work or church and community work and modified in the future as your clinical theory and practice change. It may be that you do not want to use an intergenerational theory in your clinical or pastoral practice. That is fine. This assignment will help you understand how you begin to integrate theoretical material that you can claim as yours.

The sections of this 5-8 page paper is as follows:

• Foundational Beliefs
  Every good theory should connect with your understanding of humanity, change, and process of change. State your beliefs about the following questions: 1) What is the nature of humanity? (anthropology/Christian anthropology) 2) What is change in human beings? 3) How does change occur? (change/learning theory) Be clear about your own beliefs. Include spiritual beliefs if they are important to you. Cite briefly references to theoretical material.

• Theoretical Bridge
  Explicate the theoretical materials in Bowenian and/or contextual therapy that seem to make the best fit with your foundational beliefs. You can cite only the materials assigned for the class or include additional materials if you wish. The following theoretical understandings of the material will be helpful: selected theoretical concepts, theory of dysfunction and change, stance of therapist, and methods of treatment.

• Integrative Conceptualization
  Engage in a conversation between the foundational beliefs and theoretical bridge sections. As you reflect, develop an integrative approach that best fit with both sections. The final conceptualization needs to be compatible with Bowenian and/or contextual therapies.