LEWIS & CLARK GRADUATE

"We are a community that commits itself to diversity and sustainability as dimensions of a just society" --*Lewis and Clark Mission Statement*

SCHOOL OF EDUCATION AND COUNSELING

MCFT 541 Systemic Assessment and Treatment Planning
FALL 2017

Time & Day:	Mondays 9:30 - 12:30 (section 01), 1:30 - 4:30 (section 02)
Place:	TBD
Instructor:	Lana Kim, PhD, LMFT
Office Hours:	Tues. 1-3 pm & Wed. 10 am-1 pm (please email to schedule an appointment)
E-Mail:	lkim@lclark.edu
Phone:	503-768-6073 (office)

CATALOG DESCRIPTION

Application of family systems theories, social equity, and evidence based practice to assessment, diagnosis, and treatment planning in marriage, couple, and family therapy. Course examines the theoretical assumptions and values underlying approaches to the treatment of major mental health issues and other presenting issues such as child behavior problems, addiction, suicide, familial violence, and families managing acute and chronic medical conditions. Specific assessment techniques and tools are discussed, evaluated, practiced, and applied to clinical diagnoses and treatment planning, including risk assessment and crisis intervention.

Prerequisites: MCFT 504, MCFT 511, MCFT 543, and MCFT 553
Corequisites: CPSY 530 and CPSY 538
Credit: 2 semester hours

MCFT STUDENT LEARNING OUTCOMES

SLO 1.1 Students recognize the impact of power on individuals, families, and communities.
SLO 1.2 Students recognize the interconnections among biological, psychological, and social systems in people's lived experience.
SLO 1.3 Students apply system/relational theories to clinical case conceptualization.
SLO 2.2 Students' clinical practice demonstrates attention to social justice and cultural democracy.
SLO 3.1 Students are able to discern the implications of the sociopolitical context with which research is produced and applied.
SLO 3.2 Students draw on the research literature relevant to family therapy in case planning.

COURSE OBJECTIVES

The following objectives are in keeping with the AAMFT Core Competencies. At the end of this course, students are expected to:

1. Understand models for assessment of relational functioning. (CC 2.1.6, 2.3.1)

2. Develop skills for crisis intervention and longer-term treatment planning in family therapy.
3. Assess risk for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others and develop adequate safety plans (CC 2.3.5, 3.3.6, 3.4.3, 5.3.4; TS 2.15, 3.04)
4. Consider the theoretical assumptions and values underlying approaches to the treatment of major mental health issues and other presenting concerns, especially as they relate to social equity. (CC 2.1.6)
5. Assess bio-psycho-social-spiritual history and socioeconomic context to identify clients' strengths, resilience, and resources. (CC 2.3.6, 2.3.7; TS 2.18, 2.19
6. Develop treatment plans that integrate DSM diagnosis into a systemic case conceptualization. (CC 2.1.4; TS 2.14)
7. Develop treatment goals based on contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context). (CC 1.21; TS 2.19)
8. Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems. (CC 2.2.3; TS 2.01)
9. Apply current research and evidence-based practice to systemic treatment planning.
10. Demonstrate effective and systemic assessment techniques and strategies. (CC 2.3.3; TS 1.02)
11. Link treatment planning to specific MCFT theories.
12. Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes. (TS 3.05)

TEXTS/READINGS

Williams, L., Edwards, T., Patterson, J., & Chamow, L. (2014). *Essential assessment skills for couple and family therapists.* New York, NY: Guilford Press.

Tomm, K., St. George, S., Wulff, D., & Strong, T. (2014). *Patterns in interpersonal interactions: Inviting relational understanding for therapeutic change.* New York, NY: Routledge.

Recommended Texts

Cierpka, M., Volker, T., & Sprenkle, D.H. (2005). *Family assessment: Integrating multiple clinical perspectives.* Cambridge, MA: Hogrefe & Huber.

Dattilio, F. M., Jongsma, A. J., & Davis, S. (2014). *The family therapy treatment planner (2nd ed.).* New York, NY: Wiley.

Flemons, D. & Gralinik, L.M. (2013). *Relational suicide assessment: Risks, resources, and possibilities for safety.* New York, NY: W.W. Norton.

Gehart, D. (2014). *Mastering competencies in family therapy: A practical approach to theories and clinical case documentation (2nd ed.).* Belmont, CA: Brooks/Cole.

Sexton, T. L. & Lebow, J. (2016). *Handbook of family therapy (2nd revised ed.).* New York, NY: Routledge.

Sperry, L. (2012). *Family assessment: Contemporary and cutting-edge strategies (2nd ed.).* New York, NY: Routledge.

Required Articles
All articles may be accessed through Watzek library.

1. Chasin, R., Herzig, M., Roth, S., Chasin, L., Becker, C., & Stains, R.R. (1996). From diatribe to dialogue on divisive public issues: Approaches drawn from family therapy. *Mediation Quarterly, 13*(4), 1-19.
2. Doherty, W. (1998). From hedgehog to fox: Retooling for an age of complexity. *Family Therapy Networker*, 50-57.
3. Addison, S.M., & Coolhart, D. (2015). Expanding the therapy paradigm with queer couples: A relational intersectional lens. *Family Process, 54*(3), 435-453.
4. Akyil, Y., Prouty, A., Blanchard, A., & Lyness, K. (2016). Experiences of families transmitting values in a rapidly changing society: Implications for family therapists. *Family Process, 55*(2), 368-381.
5. Solheim, C., Zaid, S., & Ballard, J. (2016). Ambiguous loss experienced by transnational Mexican immigrant families. *Family Process, 55*(2), 338-353.
6. Perez-Brena, N.J., Updegraff, K.A., & Umana-Taylor, A.J. (2015). Transmission of cultural values among Mexican-origin parents and their adolescent and emerging adult offspring. *Family Process, 54*(2), 232-246.
7. Zimmerman, K.J. (2012). Clients in sexually open relationships: Considerations for therapists. *Journal of Feminist Family Therapy,* 24, 272-289.
8. Sheinberg, M., & Brewster, M. K. (2014). Thinking and working relationally: Interviewing and constructing hypotheses to create compassionate understanding. *Family Process, 53,* 618-639.
9. Andersen, T. (1996). Language is not innocent. In F.W. Kaslow (Ed.). *Handbook of Relational Diagnosis and Dysfunctional Family Patterns* (pp. 119-125). Oxford, England: John Wiley & Sons.
10. Gabb, J. & Singh, R., (2015). The uses of emotion maps in research and clinical practice with families and couples: Methodological innovation and critical inquiry. *Family Process, 54*(1), 185-197. doi:10.1111/famp12096
11. Silverstein, R., Bass, L. B., Tuttle, A., Knudson-Martin, C., & Huenergardt, D. (2006). What does it mean to be relational? A framework for assessment and practice. *Family Process, 45,* 391-405.
12. Pandit, M. L., ChenFeng, J., Kang, Y. J., Knudson-Martin, C., & Huenergardt, D. (2014). Practicing socio-cultural attunement: A study of couple therapists. *Contemporary Family Therapy, 36,* 518-528.
13. Garcia, M., & McDowell, T., (2010). Mapping social capital: A critical contextual approach for working with low-status families. *Journal of Marital and Family Therapy, 36,* 96–107.
14. Ungar, M. (2016). Varied patterns of family resilience in challenging contexts. *Journal of Marital and Family Therapy, 42, 19-31.* doi:10.1111/jmft.12124.

15. Roberts, A. R. & Ottens, A. J. (2005). The seven-stage crisis intervention model: A road map to goal attainment, problem solving, and crisis resolution. *Brief Treatment and Crisis Intervention, 5,* 329-339.
16. Myer, R. A., Lewis, J. S., & James, R. K., (2013). The introduction of a task model for crisis intervention. *Journal of Mental Health Counseling, 35,* 95-107.
17. Myer, R. A., Williams, R. C., Haley, M., Brownfield, J. N., McNicols, K. B., & Pribozie, N. (2014). Crisis intervention with families: Assessing changes in family characteristics. *The Family Journal, 22,* 179-185.
18. Omer, H. & Dolberger, D. I., (2015). Helping parents cope with suicide threats: An approach based on nonviolent resistance. *Family Process, 54,* 559-575.
19. Wamboldt, M., Kaslow, N., & Reiss, D. (2015). Description of relational processes: Recent changes in DSM-5 and proposals for ICD-11. *Family Process, 54,* 6-16.
20. Strong, T. (2015). Diagnoses, relational processes, and resourceful dialogs: Tensions for families and family therapy. *Family Process, 54,* 518-532.
21. Seikkula, J., Arnkil, T. E., & Eriksson, E. (2003). A postmodern society and social networks: Open and anticipation dialogues in network meetings. *Family Process, 42,* 185-203.
22. Tuttle, A.R., Knudson-Martin, C., & Kim, L. (2012). Parenting as relationship: A framework for assessment and practice. *Family Process, 51,* 73-89.
23. Parra-Cardona, J. R., Lopez-Zeron, G., Domench Rodriguez, M. M., Escobar-Chew, A. R., Whitehead, M. R., Sullivan, C. M., & Bernal, G. (2016). A balancing act: Integrating evidence-based knowledge and cultural relevance in a program of prevention parenting research with Latino/a immigrants. *Family Process, 55(2), 321-337.* doi:10.1111/famp.12190.
24. Malpas, J. (2011). Between pink and blue: A multi-dimensional family approach to gender nonconforming children and their families. *Family Process, 50*(4), 453-470.
25. Harvey, R.G., & Stone Fish, L. (2015). Queer youth in family therapy. *Family Process, 54*(3), 396-417.
26. Todahl, J., Linville, D., Tuttle Shamblin, A.F., & Ball, D. (2012). Client narratives about experiences with a multicouple treatment program for intimate partner violence. *Journal of Marital and Family Therapy, 38,* 150-167.
27. Stith, S. M., McCollum, E. E., Amanor-Boadu, Y., & Smith, D. (2012). Systemic perspectives on intimate partner violence treatment. *Journal of Marital and Family Therapy, 38,* 220-240.
28. Baker, N.L., Buick, J.D., Kim, S.R., Moniz, S., & Nava, K.L. (2013). Lessons from examining same-sex intimate partner violence. *Sex Roles,* 69, 182-192.
29. Brown, N. (2007). Stories from outside the frame: Intimate partner abuse in sexual-minority women's relationships with transsexual men. *Feminism & Psychology, 17*(3), 373-393.
30. Stover, C.S. (2015). Fathers for change for substance use and intimate partner violence: Initial community pilot. *Family Process, 54*(4), 600-609.
31. Rentscher, K. E., Soriano, E. C., Rohrbaugh, M. J., Shoham, V., & Mehl, M. R. (2015). Partner pronoun use, communal coping, and abstinence during couple-focused intervention for problematic alcohol use. *Family Process, 56*(2), 348-363. doi: 10.1111/famp.12202
32. O'Farrell, T. J. & Clements, K. (2012). Review of outcome research on marital and family therapy in treatment for alcoholism. *Journal of Marital and Family Therapy, 38,* 122-144.

33. Rowe, C. (2012). Family therapy for drug abuse: Review and updates 2003-2010. *Journal of Marital and Family Therapy, 38*, 59-81.

CLASS ASSIGNMENTS

1. **Participation** *(10 points)*
   This course emphasizes shared engagement with the assigned readings and clinical competencies. Toward this end:

   - Students are required to attend and actively participate in all scheduled class meetings. This includes being on time, giving attention to the instructor and/or other students when they are speaking or making a presentation, engaging in group discussions and role plays, and following through on group projects. Come to class prepared; having completed the readings for the day.
   - Becoming a therapist involves looking closely at ourselves, our values, beliefs, and biases. This can be a very personal and sometimes emotional process. Treating colleagues with respect, listening deeply to their experiences, and being open to diverse worldviews encourages a collaborative milieu of care in which we can all challenge ourselves and each other to critically examine and develop our skills and perspectives.
   - Please put your cell phones on silent or vibrate mode to reduce the distraction to your classmates and instructor. Also, do not view text messages during class. If you are anticipating the need to view an urgent text message or take a call, please talk to me before class about how to monitor your communication device. On-going use of cell phones during class will negatively reflect in your final grade. Also, in order to facilitate a climate of learning and to reduce the distractions for yourself and others, please refrain from engagement in social media or other personal business.
   - In the event that you must miss a class, please email the instructor to discuss the potential of any make-up assignments.

   Your participation in class activities will be evaluated according to the following rubric:

CLASS PARTICIPATION COMPETENCIES	Possible points	Points demonstrated
Prompt and dependable presence in the class.	3	
Prepares for class by immersing self in course readings and reflecting on their application to practice.	3	
Engages in course activities with a spirit of openness and curiosity.	2	
Helps to create an atmosphere of safety and mutual respect among all class members.	2	
TOTAL	10	

2. Expanding the Lens: Societal & Relational Assessment & Case Planning *(50 points)* **DUE on October 16**

A. Watch the documentary "*Meet the Patels*." (A copy of the DVD has been placed on reserve at Watzek library. However, it is also available online at iTunes, Amazon video, and Netflix). After viewing the documentary, imagine that Geeta has brought her mother, Champa, in to see you stating that she is worried about her mom and noting that she has become irritable and unhappy over the past month. Geeta reports that her mother has been having trouble sleeping, experiencing chronic, dull headaches, and has been losing interest in social activities. She casually alludes to some extenuating family conflict that has been unresolved.

B. Acknowledging that there are many ways in which one could define the presenting problem and think about this case, write a case conceptualization and develop a treatment plan. Draw from class role plays, course readings, course discussions, and relevant research to inform your work. Include the following:

1. A description of the presenting problem.

2. An analysis about which biological factors, relational factors, contextual factors, and societal discourses might be influencing each person and how these might inform their actions in response to one another and the presenting issue.

3. An analysis of the family's social capital, privilege, and marginalization vis-a-vis their social location and intersectionality.

4. An analysis of the family's relational dynamics and interaction patterns. Identify the family's strengths. Discuss this in the context of cultural identity, cultural ideology, social and familial network, and lived realities.

5. A systemic hypothesis of the presenting problem. Which DSM-V diagnosis would you give, if any? Provide a rationale.

6. Develop 3 treatment goals and a treatment plan specific to your assessment and integrated case conceptualization. Discuss your treatment framework and which therapeutic approaches you might use. Provide a rationale for how your ideas would address larger context influences. Apply relevant research to support your work. Your integration of research should demonstrate an awareness of the sociopolitical context of research.

Expected page length is **6-8 double-spaced pages**.

*Submit a hardcopy in class and an electronic copy via **Taskstream**.

Evaluation rubric for this assignment is attached at the end of the syllabus.

3. Family Assessment Tool Group Presentation (30 points). (**Due as scheduled**)

This assignment is designed to help students become familiar with some commonly used family assessment tools. For this assignment, students will work in groups of 5-6. Each group will be

assigned a family assessment tool to research, discuss, and critique. Each member will take the assessment and score it individually so that they are able to demonstrate it in class.

Groups will give a 40-45 min. presentation on their assigned assessment tool, and discuss its history, theoretical foundations, uses and applications - along with a critique of the assessment and a discussion of how it does or does not address/attend to larger social context factors and aspects of diversity and human difference. The group is responsible for providing instruction to the rest of the class on how to administer the assessment and will demonstrate this in class with the assistance of colleagues who will pose as mock clients. Upon administering the assessment, the group will have to score it and explain the scoring process, and then interpret what the scores may mean.

Groups will submit a 3-4 page, double-spaced summary of the key points discussed in their presentation. Submit work in class. The instructor will share these summaries with the rest of the class via Moodle. Each member of the group will also submit a hardcopy of the assessment they took and scored individually.

The following rubric will be used to evaluate students' work:

FAMILY ASSESSMENT TOOL GROUP PRESENTATION COMPETENCIES	Possible points	Points demonstrated
Includes a summary of the presentation and hardcopies of each group members' completed assessment and score sheet.	5	
Demonstrates group collaboration, organization of material, and effective use of time.	5	
Demonstrates knowledge of assessment tool and clearly discusses its history, development, and uses and applications.	5	
Discusses the assessment tool in relation to the larger social context and aspects of human diversity.	5	
Demonstrates knowledge of how to administer the assessment tool and interpret the results in relation to the client's unique context.	5	
Demonstrates accurate understanding of assessment tool scoring procedure.	5	
TOTAL	30	

4. Final Case Assessment & Treatment Plan. (60 points). DUE November 20.

For this assignment, think of a presenting issue that is of interest to you and create a case vignette that illustrates the symptoms and relational and societal contexts surrounding the problem. Possible topics to build your vignette around might be: depression, anxiety, eating disorders, post-traumatic stress disorder (PTSD), psychotic disorders, intimate partner violence (IPV), parent-child relational problems, partner relational problems, etc. The case you construct may be one you have observed or are familiar with, one drawn from the literature, one you make up, or a combination of these. However, if you draw from a real case, remember to change all names and identifying information. Use the following as headings:

a) Name(s) and demographic information (discuss social location)
b) Presenting issues or concerns. Referral source. How is the presenting concern a problem and for whom?
c) Risk assessment
d) Family history and social stressors
e) Influence from sociocultural context
f) Problematic family interaction patterns (pathologizing interpersonal interactions - PIPs, deteriorating interpersonal patterns - DIPs)
g) Individual/family strengths and potentially transformative, wellness, or healing interactions (TIPs, WIPs, HIPs)
h) DSM-5 diagnoses (Discuss the issue in terms of the appropriate DSM-5 criteria and consider the systemic contexts related to the client's problem).
i) Summative case conceptualization/relational hypothesis (discuss how you understand the presenting issue from a systems/relational perspective).
j) Summary of research on relevant treatment approaches and/or assessment instruments and tools that might be used (no more than 3 paragraphs). Literature review must include family therapy journals, but can also include other related literature. Analyze the research from a socio-contextual perspective. Discuss how it informs treatment planning or critique its applicability in light of the contexts in which the various research findings were developed.
k) Treatment plan that includes 3 treatment goals and appropriate theoretical interventions. Your work should demonstrate links between assessment/conceptualization, treatment goals, and treatment plan. Provide a rationale for your thinking.

Write clearly, concisely, and demonstrate analytic thinking. Avoid pathologizing language. Assignment should be between 10-12 double spaced pages, including title page and references.

*Submit a hardcopy in class and an electronic copy via **Taskstream**.

Evaluation rubric for this assignment is attached at the end of the syllabus.

NON-DISCRIMINATION POLICY

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The College does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

SPECIAL ASSISTANCE

If you have a disability that may impact your academic performance, you may request accommodations by submitting documentation to the Student Support Services Office in the Albany Quadrangle (503-768-7192). After you have submitted documentation and filled out paperwork there for the current semester requesting accommodations, staff in that office will notify me of the accommodations for which you are eligible.

CPSY DEPARTMENTAL ATTENDANCE POLICY

Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness maybe seen as an absence that requires make-up work.

EVALUATION & GRADING

Participation	10 pts
Societal & Relational Assessment & Case Plan	50 pts
Family Assessment Tool Group Presentation	30 pts
Final Case Assessment & Treatment Plan	60 pts
Total	150 pts

139.5-200 = A	135-139 = A-	132-134.5 = B+
124.5-131.5 = B	120-124 = B-	117-119.5 = C+
109.5-116.5 = C	105-109 = C-	

COURSE SCHEDULE – (10 WEEKS)

	Topics	**Readings**	**Assignments due**
Week 1 9/11	Cultivating curiosity and using it as a guide: Listening to hear. Public Conversations Project (PCP) demo Nuances of intersectionality and intersectional identities	R1 Chasin et al (Public Conversations Project) R2 Doherty R3 Addison & Coolhart R4 Akyil et al. R5 Solheim et al. R6 Perez-Brena et al. R7 Zimmerman	
Week 2 9/18	Intro to assessment and treatment planning Biopsychosocial spiritual model	Williams et al. ch. 1,2,3	Watch "Meet the Patels" and come prepared to discuss it in class
Week 3 9/25	Constructing reality: Relational interviewing and developing relational hypotheses Genograms, timelines, ecomaps, emotion maps	Williams et al. ch. 10 R8 Sheinberg & Brewster R9 Andersen R10 Gabb & Singh	
Week 4 10/2	Social Capital Assessment & Sociocultural Attunement	R11 Silverstein et al R12 Pandit et al. R13 Garcia & McDowell R14 Ungar	Group Presentation
Week 5 10/9	Crisis Intervention & Assessing for Risk to Self-Harm	Williams et al. ch. 4 R15 Robert & Ottens R16 Myer et al R17 Myer et al R18 Omer & Dolberger	Group Presentation
Week 6 10/16	DSM-5 in Systems & Relational Context of Psychopathology	Williams et al. ch. 5, 6 R19 Wamboldt et al R20 Strong R21 Seikkula et al	**Societal & Relational Assessment Due** (based on "Meet the Patels")
Week 7 10/23	Child & Adolescent Problems	Williams et al. ch. 7, 8 R22 Tuttle et al. R23 Parra-Cardona et al R24 Malpas R25 Harvey & Stone Fish	Group Presentation

Week 8 10/30	Assessing Interpersonal Interactions	Williams et al. ch. 9 Tomm et al. ch. 1, 5, & 6	Group Presentation
Week 9 11/6	Intimate Partner Violence	R26 Todahl et al. R27 Stith et al. R28 Baker et al. R29 Brown	Group Presentation
Week 10 11/13 **Last Class**	Substance Abuse Assessment and Treatment	R30 Stover R31 Rentscher et al. R32 O'Farrell R33 Rowe	
  11/20	**Please submit assignment via Moodle**		**Final Case Assessment & Treatment Plan Due**

MCFT 541: Societal & Relational Assessment and Case Planning Rubric

CASE PRESENTATION				
	Unacceptable (0-3)	**Below Expected** (4-7)	**Expected/Exemplary** (8-10)	**Total Points** (out of 10 possible)
Assessment considers interconnections among biological, psychological, and social systems as they relate to presenting issues.	Issues and behaviors are described individually without awareness of larger sociocultural context.	Sociocultural context is identified, but individual and family patterns are not well linked to larger contexts	The link between individual and family patterns with larger sociocultural contexts is clearly explained.	
DSM diagnosis is integrated into systemic context.	Diagnosis is incomplete or not systemically integrated	DSM diagnosis is complete but not appropriate or integrated	Diagnosis is complete, appropriate, and systemically integrated	
A systemic case conceptualization and related treatment goals are identified.	Case conceptualization is not clearly defined or focuses on individual problems and concerns and/or clear systemic treatment goals not provided	Case conceptualization includes systems/relational processes but is not clearly articulated and/or related treatment goals are not clearly developed.	Case conceptualization/ hypotheses include relationship patterns, their bearing on the presenting problem, and the sociocultural contexts that impact these relationships and these are linked to clear treatment goals.	
Application of research to case planning takes into account the sociopolitical context of research and case.	Research is identified with little or no analysis of the context in which it was produced or how it applies to this case.	Research is summarized and applied with limited awareness of sociopolitical context of the issues and research.	Implications of relevant research are analyzed socio-contextually with rationale for how the literature informs treatment planning in this particular case.	
Case conceptualization and treatment plan are written clearly, concisely, and demonstrate strong analysis of theoretical ideas.	Case conceptualization and treatment plan does not meet the standards of graduate level writing and does not demonstrate strong analysis of theoretical ideas.	Case conceptualization and treatment plan are written clearly and concisely, but analytic thinking is not strongly demonstrated.	Case conceptualization and treatment plan are written clearly and concisely, and strong analytic thinking is demonstrated.	

MCFT 541: Final Case Assessment and Treatment Plan Rubric

	Unacceptable (0-3)	**Below Expected** (4-7)	**Expected/Exemplary** (8-10)	**Total Points** (out of 10 possible)
Ability to integrate DSM diagnosis into systemic context	Diagnosis is incomplete or not systemically integrated	DSM diagnosis is complete but not appropriate or integrated	Diagnosis is complete, appropriate, and systemically integrated	
Individual and family patterns are assessed within sociocultural context	Issues and behaviors are described individually without awareness of larger sociocultural context.	Sociocultural context is identified, but individual and family patterns are not well linked to larger contexts	The link between individual and family patterns with larger sociocultural contexts is clearly explained	
Problematic and healing interpersonal interactions are assessed	Assessment focuses on individual behavior and experience only.	Interpersonal interactions are accessed but the focus is almost entirely on problems without identifying potential resources or potential for healing.	Interpersonal interactions that maintain problems as well as those with healing potential are identified.	
A systemic case conceptualization and related treatment goals are identified.	Case conceptualization is not clearly defined or focuses on individual problems and concerns and/or clear systemic treatment goals not provided	Case conceptualization includes systems/relational processes but is not clearly articulated and/or related treatment goals are not clearly developed.	Case conceptualization/ hypotheses include relationship patterns, their bearing on the presenting problem, and the sociocultural contexts that impact these relationships and these are linked to clear treatment goals.	
A treatment plan that considers at least 3 therapeutic approaches and includes assessment for safety and addiction.	Treatment plan is not specific to identified treatment goals or only one possible approach is suggested. Assessment of safety and addiction is not evidenced.	Safety and addiction are assessed but treatment plan includes only two possible approaches or is not clearly linked to treatment goals.	Safety and addiction are accessed and a treatment plan with at least 3 different possible approaches is clearly linked to identified treatment goals.	

Treatment plan draws orelevant research	Little or no research is identified.	Research is identified but not well linked to plan.	Plan is clearly linked to identified research.	