



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

MCFT 553 Sex Abuse Issues in Marriage, Couple, and Family Therapy

(1 unit)

SUMMER 2020

Instructor: **Joslyn Armstrong, Ph.D.**

Time & Day: Section 1- May-June: Wednesday 1:00pm-4:00pm
Section 2- June-July Wednesday 1:00-4:00pm

Location: York Graduate Center, room 115

Office Hours: by appointments via email

Office Location: Rogers Hall room 325

CATALOG DESCRIPTION

This course is designed to help family therapists competently address sexual abuse situations from a systemic and relational perspective. This course provides introductory knowledge and skills for the assessment and intervention of sexual abuse. This course will also address ethical and legal issues in working with sexual abuse issues in marriage, couple, and family therapy. The curriculum is informed primarily by feminist and critical multicultural theories and practices.

COURSE DESCRIPTION

Students in this course will develop a working knowledge of assessing and treating sexual abuse in the treatment of individuals, couples, children, and families from a relational/systemic perspective. This includes developing adequate safety and intervention plans.

A note about the nature of this course: Given the sensitive and challenging nature of the material discussed in class, it is important that we develop an atmosphere of trust and openness in the classroom. The instructor will seek to foster an environment in which each class member is able to hear and respect each other, drawing on the guidelines for a relational approach to social justice. It is critical that each class member show respect for all worldviews expressed in class; however, experiencing discomfort is also part of the process of consciousness-raising. It is expected that some of the material in this course may evoke strong emotions, please be respectful of others' emotions and be mindful of your own. Please let the instructor know if something said or done in the classroom is particularly troubling. Some students find it helpful to journal their thoughts and feelings as they explore these sensitive issues.

Prerequisites: None

Credits: 1 semester unit (15 hours contact)

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, social systems in people's lived experience

SLO 1.3 Students apply systems/relational theories to case conceptualization.

SLO 2.2 Students' clinical practice demonstrates attention to social justice and cultural democracy.

SLO 3.2 Students draw on the research literature relevant to family therapy in case planning

SLO 4.1 Students apply ethical decision-making processes to clinical dilemmas.

COURSE OBJECTIVES

As a result of this course students will:

1. Develop a working knowledge of assessing and treating sexual abuse.
2. Distinguish and recognize various phases of human and family development as it relates to power, control, abuse, and coercion.
3. Recognize and apply legal and ethical mandates of the profession to make mandated reports as needed.

READINGS:

1st Class Session:

Cardona Parra Ruben, J., Meyer, E., Schiamberg, L., & Post, L. (2007). Elder abuse and neglect in Latino families: An ecological and culturally relevant theoretical framework for clinical practice. *Journal of Family Process, 46*, 451-470.

Curry, T., J., & Utley, E. A. (2018). She touched me: Five snapshots of adult sexual violations of Black boys. *Kennedy Institute of Ethics Journal, 28*(2), 205-241.

MacKay, L. Trauma and Bowen family systems theory: Working with adults who were abused as children. *The Australian and New Zealand Journal of Family Therapy, 33*(3), 232-241.

Salvic Repic, T., & Gostecnik, C. (2017). Relational family therapy as an aid to resolving the trauma of sexual abuse in childhood in the process of separation in the couple relationship. *Journal of Marital and Family Therapy, 43*(3), 422-434.

Sanchez, D., Benbow Marquez, L., Martinez-Hernández, M., Serrata, J. V. (2019). Invisible bruises: Theoretical and practical considerations for Black/Afro-Latina survivors of childhood sexual abuse. *Women & Therapy, 42*(3-4), 406-429.

Santa-Sosa, E. J., & Runyon, M. K. (2015). Addressing ethnocultural factors in treatment of

child physical abuse. *Journal of Child and Family Studies*, 24, 1660-1671.

2nd Class Session:

Huff, S., & Rappleyea, D. L. (2019). Understanding and responding to victims of interpersonal sexual violence and sexual assault within committed relationships. *The American Journal of Family Therapy*, 48(1), 107-125.

Love, H. A. (2019). Sexual assault: The therapist, supervisor, and self. *Journal of Feminist Family Therapy*, 31(2-3), 66-77.

Reeves, A., & Stewart, S. Healing the spirit: Exploring sexualized trauma and recovery among Indigenous men in Toronto. *American Indian and Alaska Native Mental Health Research*, 24(1), 30-60.

Tambling, R. B. (2012). Solution-oriented therapy for survivors of sexual assault and their partners. *Contemporary Family Therapy*, 34, 391-401.

Tsong, Y., & Ullman, S. E. (2018). Asian American women sexual assault survivors' choice of coping strategies: The role of post-assault cognitive responses. *Women & Therapy*, 41(3-4), 298-315.

3rd Class Session:

Crisp, B. R., Williams, M., Ross, M. W., & Timpson, S. (2006). Correlates of sexual assault in a sample of male African American crack cocaine users. *Health Sociology Review*, 15(3), 258-268.

Gill, A. (2018). Survivor-centered research: Towards an intersectional gender-based violence movement. *Journal of Family Violence*, 33, 559-562.

Halpern, S., Schuch, F. B., Scherer, J. N., Sordi, A. O., ... Von Diemen, L. (2018). Child maltreatment and illicit substance abuse: A systematic review and meta-analysis of longitudinal studies. *Child Abuse Review*, 27(5), 344-360.

Han, S. C., Gallagher, M. W., Franz, M. R., Chen, M. S., ... Marx, B. P. (2013). Childhood sexual abuse, alcohol abuse, and PTSD symptoms as predictors of adult sexual assault among lesbians and gay men. *Journal of Interpersonal Violence*, 28(12), 2505-2520.

Nowotny, K. M., & Graves, J. L. (2013). Substance use and intimate partner violence victimization among White, African American, and Latina women. *Journal of Interpersonal Violence*, 28(17), 3301-3318.

4th Class Session:

Boyce, S. C., Brouwer, K. C., Triplett, D., Servin, A. E., Rodriguez-Magis, C., & Silverman, J.

- G. (2018). Childhood experiences of sexual violence, pregnancy, and marriage associated with child sex trafficking among female sex workers in two US-Mexico border cities. *AJPH Research*, 108(8), 1049-1054.
- Hultgren, M., Whitney, J., Jennex, M. E., & Elkins, A. (2018). A knowledge management approach to identify victims of human sex trafficking. *Communications of the Association of Information Systems*, 42, 602-620.
- National Captual Region Threat Intelligence Consortium. Use of Emojis to market victims of online sex trafficking. (July, 2019).
- Sanchez, R. V., Speck, P. M., & Patrician, P. A. (2019). A concept analysis of *trauma coercive bonding* in the commercial sexual exploitation of children. *Journal of Pediatric Nursing*, 46, 48-54.
- 5th Class Session:**
- Bryant-Davis, T., & Wong, E. C. (2013). Faith to move mountains: Religious coping, spirituality, and interpersonal trauma recovery. *American Psychologist*, 68(8), 675-684.
- Higgins Kessler, M. R. et al. (2004). Clinical decision-making strategies of marriage and family therapists in the treatment of adult childhood sexual abuse survivors. *The American Journal of Family Therapy*, 32, 1-10.
- Hill, A. (2006). Play therapy with sexually abused children: Including parents in therapeutic play. *Child and Family Social Work*, 11, 316-324.
- Jankowski, P. J., & Martin, M. J. (2003). Reporting cases of child maltreatment: Decision-making processes of family therapists in Illinois. *Contemporary Family Therapy*, 23(3), 311-332.
- May, J. C. (2005). Family attachment narrative therapy: Healing the experience of early childhood maltreatment. *Journal of Marital and Family Therapy*, 31(3), 221-237.
- McGregor, K., Thomas, D. R., & Read, J. (2006). Therapy for child sexual abuse: Women talk about helpful and unhelpful therapy experiences. *Journal of Child Sexual Abuse*, 15(4), 35-59.
- Miller, B. J., Ruben Parra Cardona, J., & Hardin, M. (2006). The use of narrative therapy and internal family systems with survivors of childhood sexual abuse: Examining issues related to loss and oppression. *Journal of Feminist Family Therapy*, 18(4), 1-27.

RECOMMENDED: Haines, S. (2008). *Healing Sex: A Mind-Body Approach to Healing Sexual Trauma*. Cleis Press; (2nd Ed).

Communication: If you would like to schedule a face-to-face meeting, then please feel free to email me for an appointment. If you send an email to me, you can expect an answer in about 24 hours during the week. Generally, if you email me during the weekend, it is best to assume that I will not respond until Monday morning.

OVERVIEW AND EXPECTATIONS

My Commitment to You:

I am committed to assisting you by creating a safe, respectful and professional learning environment to be able to learn critical course material over the semester. I encourage you to discuss the course content with me any time during the semester. **My office is open to you by appointments only.** I also encourage you to offer your feedback throughout the course. I highly value your input.

Responsibilities of the Student:

This course will require due diligence on the student's behalf. Student must read assigned chapters and review all supplemental material provided on Moodle, or via email. You will be held responsible for knowing any changes made to the class schedule, weekly reading materials, or class assignments that will be in the announcements on Moodle or via email. In order to earn a satisfactory score in this course, the student must complete all assignments and readings, and remain engaged in the in-class format. Remember you are the sole owner of your academic experience; you must take responsibility for everything you do or not do in this course.

Course Objective	MCFT Student Learning Outcomes	AAMFT Core Competencies & AMFTRB task statements	Evaluated by
1. Develop a working knowledge of assessing and treating sexual abuse.	SLO 1.1 SLO 1.2 SLO 1.3 SLO 3.2	CC 1.2.1 CC 2.1.4 CC 2.3.1 CC 2.4.2 CC 4.1.1 CC 4.3.2	Case conceptualization paper
2. Distinguish and recognize various phases of human and family development as it relates to power, control, abuse, and coercion.	SLO 1.1 SLO 1.2 SLO 1.3 SLO 2.2 SLO 4.1	CC 1.2.1 CC 2.1.1 CC 2.3.1 CC 3.1.1 CC 5.1.4	Case conceptualization paper
3. Recognize and apply legal and ethical mandates of the profession to make mandated reports as needed.	SLO 2.2 SLO 3.2 SLO 4.1	CC 4.5.3 CC 5.1.1 CC 5.1.2 CC 5.1.4	Case conceptualization paper

COURSE ASSIGNMENTS AND EVALUATION

This class will emphasize learning by doing. Students will actively engage in reading family therapy-related research, reflect on the process of abuse, abuse cycle and the context, and consider implications for clinical practice. Your course grade will be based the following assessments.

CLASS ATTENDANCE

Because class participation and discussion are essential for your learning, regular attendance is expected for this course. Students are expected to attend class regularly and be on time. Participation is counted as involvement in class and in class assignments. Therefore, it is imperative that you attend class unless otherwise informed by Dr. Armstrong. In the event you are absent, it is your responsibility to bring in documented information that is considered University worthy. Only the days indicated on the excuse will be accepted as verification of an excused absence. There will be no makeup assignments given for missed class sessions. Skype or zoom call-ins as makeup attendance will not be allowed for any reason. Distracting behavior in class is unacceptable and will not be tolerated. Other unacceptable behaviors include arriving late or leaving early, except in cases when there is a valid reason for doing so. Being unable to find parking is NOT a valid excuse for being late, so please plan accordingly.

1. CLASS PARTICIPATION (20 points)

All assigned readings must be completed in advance of the class in which they are to be discussed. Every student is responsible for coming to class prepared to participate in a meaningful discussion. Classroom group discussions are opportunities to bring up questions about the assigned readings, further your understanding of the concepts in lectures, integrate course material into your understanding of abuse, and integrate material into your clinical practice. Thus, students are expected to read all required readings and supplemental readings and actively participate in class discussions and small group activities.

2. CASE CONCEPTUALIZATION PAPER (80 points)

Students will complete a 10-page final paper. A case example will be provided, and students will discuss their case conceptualization, treatment options, and relevant self-of-the-therapist issues. Students are expected to use theoretical literature and research in support of their ideas and opinions. At least 3 peer-reviewed articles or book chapters should be cited. Instructions for completing the final paper will be provided in class. The final paper should be double spaced, 12 pt font, and Times New Roman. The rubric is provided below. Late papers will receive a 10% point deduction for every day it is late. Papers will be submitted through Moodle. Any suspicions of violations to the Academic Integrity policy will be reported (please review the policy below).

EVALUATION AND GRADING

Class Participation	40
Case Conceptualization	80
Total	100

Final Grading

A = 93-100%	A- = 90-92%
B + = 88-89%	B = 83-87%
B- = 80-82%	C+ = 78-79%
C = 73-77%	C- = 70-72%

According to Graduate School policy, grades lower than B- may not apply to graduation. Students earning a C+ or lower will need to repeat the course.

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.

ACADEMIC INTEGRITY POLICY

Standards for professional conduct and academic integrity are rooted in the fundamental values of honesty, tolerance, respect, fairness, and the collective pursuit of knowledge. Academic dishonesty or cheating involves the use of any method or technique enabling a student to misrepresent the quality or source of their academic study, scholarship, or field practice. Students in the Graduate School of Education and Counseling are also required to meet the standards of professional conduct appropriate to their field of study. To view the policy, follow this link: <https://docs.lclark.edu/graduate/policyprocedures/academic/>

DISABILITY SERVICES STATEMENT

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.

DISCLOSURE OF PERSONAL INFORMATION

Each student should decide for him/herself what information to disclose. Students are advised to be prudent when making self-disclosures. The program cannot guarantee confidentiality of student disclosures given the group environment, although personal comments should be considered private and confidential – and remain only in the classroom – unless an exception to confidentiality applies.

CELL PHONES

Cell phones must be silenced/remain off, and text messaging is not allowed during class time. If there is an emergency that requires your immediate attention, please exit the class to use your cell.

SYLLABUS CHANGE POLICY

Except for changes that substantially affect implementation of the evaluation (grading), this syllabus is a guide for the course and is subject to change with advance notice throughout the semester.

COURSE STRUCTURE AND SCHEDULE

Any changes to the reading schedule will be announced at least 24 hours prior

Section 1

<u>Session</u>	<u>Day</u>	<u>Date</u>	<u>Lecture Review</u>	<u>Readings</u>
1	W	May 13 th	Introductions & Syllabus Review Lecture: Sex Abuse- child & adult	
2	W	May 20 th	Lecture: Sexual Assault/Rape	
3	W	May 27 th	Lecture: Consent & Sexual Communication; & Substance use and Abuse	
4	W	June 3 rd	Lecture: Human Trafficking Guest Speaker: Dr. Jasmine Armstrong, human trafficking intervention coordinator for FL DJJ	
5	W	June 10 th	Lecture: Treatment of Sex Abuse & Self-of-the- Therapist issues	
6	W	June 24 th	Assignment: Case Conceptualization paper due at 11:30pm on Moodle	

Section 2:

<u>Session</u>	<u>Day</u>	<u>Date</u>	<u>Lecture Review</u>	<u>Readings</u>
1	W	June 17 th	Introductions & Syllabus Review Lecture: Sex Abuse- child & adult	

2	W	June 24th	Lecture: Sexual Assault/Rape	
3	W	July 1st	Lecture: Consent & Sexual Communication; & Substance use and Abuse	
4	W	July 8th	Lecture: Human Trafficking Guest Speaker: Dr. Jasmine Armstrong, human trafficking intervention coordinator for FL DJJ	
5	W	July 15th	Lecture: Treatment of Sex Abuse & Self-of-the- Therapist issues	
6	W	July 29th	Assignment: Case Conceptualization paper due at 11:30pm on Moodle	

Case Conceptualization Paper Grading Rubric

	Possible points	Points demonstrated
<u>Case Conceptualization:</u>		
Recognize individual, couple, familial, contextual and systemic sexual abuse and abuse (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, etc.) that are relevant to client experience.	10	
Show impact of power of client and larger systems in client conceptualization	5	
Consider the impact of larger societal systems (e.g., legal system, social services, military, medical systems, etc.) on clients' health and well-being and vulnerability to abuse	10	
Discuss resilience/strength of client experience	5	
<u>Self-of-therapist:</u>		
Self-of-therapist work (self-reflection) discussing own history and social location and its impact on personal relationships on clinical practice with client.	10	
<u>Treatment Plan:</u>		
Develop awareness necessary to deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).	5	
Attend to safety planning & ethical issues with clinical case	5	
Develop a treatment plan of 2 interventions relevant to client symptomology and history of sexual abuse	10	
Draw on the relevant literature and research in case conceptualization and/or treatment plan	10	
Paper is clearly written and organized, well-referenced, and conforms to APA style (7 th).	10	
TOTAL	80	

Rubric for Case Conceptualization Paper—Total possible points: 60 points

Paper Sections	Marginal	Emerging	Proficient	Accomplished
Recognize individual, couple, familial, contextual and systemic violence (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, etc.) that are relevant to client experience.	Minimally aware of how sociocontextual processes impact interpersonal relationships: identifies variables but makes no connection with what these mean in people’s lives.	Somewhat aware how sociocontextual processes impact interpersonal relationships: names relevant factors with limited illustration of their felt experience in people’s lives.	Generally aware of how sociocontextual processes impact interpersonal relationships: identifies relevant factors and describes a sense of their felt experience in people’s lives.	Consistently aware of how sociocontextual processes impact interpersonal relationships: identifies relevant factors and illustrates how people experience these in their lives.
Consider the impact of larger societal systems (e.g., legal system, social services, military, medical systems, etc.) on clients’ health and well-being and propensity for violence	Minimally aware of the ways larger systems (medical, legal, etc) impact clients’ lives. Identifies systems without articulating their connection and impact on health and well-being.	Somewhat aware of the ways larger systems (medical, legal, etc) impact clients’ lives. Identifies a limited sense of their connection and impact on health and well-being.	Generally aware of the ways larger systems (medical, legal etc) impact clients’ lives. Identifies their connection to clients’ personal/relational health and well-being.	Consistently aware of the ways larger systems (medical, legal etc) impact clients’ lives. Identifies their connection to clients’ personal /relational health and well-being.
Develop awareness necessary to deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).	Limited recognition of how therapist interventions can be sensitive to client’s unique socio-contextual experiences and thus likely to inadvertently reinforce societal inequities.	Emerging understanding of own and others' sociocultural contexts and their salience to the clinical experience. Describes some openness to engaging across differences and learning experiences to build knowledge, skills, intercultural engagement	Emerging understanding of own and others' sociocultural contexts and their salience to the clinical experience. Describes some openness to engaging across differences and learning experiences to build knowledge, skills, intercultural engagement	Reflective practice, responds effectively; Not only comfortable but excited about growth and looks forward to working addressing issues of privilege and oppression, effective in role play practice
Draw on the relevant literature and research in	Minimal identification of literature relevant to client	Identification of literature relevant to client experiences and used to inform conceptualization	Identification, integration and articulation of literature relevant to client experiences and used to	Identification, integration and articulation of literature relevant to client experiences and used to

case conceptualization and/or treatment plan	experiences and used to inform conceptualization	but minimally or unclearly connected or used	inform conceptualization. Emerging knowledge of integration of relevant research	inform conceptualization that is consistent
Self-of-therapist work (self-reflection) discussing own history and social location and its impact on personal relationships on clinical practice with client.	Minimal curiosity and willingness to examine own personal history and biases, social location and accountability; recognition of how issues of power play out in interpersonal relationships; humility.	Some curiosity and willingness to examine own personal history and biases, social location and accountability; recognition of how issues of power play out in interpersonal relationships; humility.	Generally curious and willing to examine own personal history and biases, social location and accountability; emerging recognition of how issues of power play out in interpersonal relationships; humility	Consistently curious and willing to examine own personal history and biases, social location and accountability; Demonstrated recognition of how issues of power play out in interpersonal relationships; humility.
Develop a treatment plan of 2 interventions relevant to client symptomology and history of violence	Minimal use of interventions and did not mention 2 different interventions for client	Limited understanding of the depth of the intervention and its use for the client, may not adequately fit for client	Emerging understanding of the depth of the intervention and its use for the client, somewhat fit for client situation and client practice	Exceptional understanding of the depth of the intervention and its use for the client, great fit for client situation and client practice
Show impact of power of client and larger systems in client conceptualization	Minimal discussion of power pertaining to client and larger societal systems in conceptualization	Limited discussion of power pertaining to client and larger societal systems in conceptualization	Emerging discussion of power pertaining to client and larger societal systems in conceptualization, somewhat fit for client	Exceptional discussion of power pertaining to client and larger societal systems in conceptualization, great fit for client conceptualization
Discuss resilience/strength of client experience	No recognition of possible resiliencies of the client	Limited understanding of the resilience of client	Emerging understanding of the resilience of client	Exceptional understanding and discussion of resilience of client
Attend to safety planning & ethical issues with clinical case	Minimal attention to relevant issues related to ethics and safety for client	Limited understanding of relevant issues related to ethics and safety for client	Emerging understanding of relevant issues related to ethics and safety for client	Exceptional understanding of relevant issues related to ethics and safety for client
Paper is clearly written and organized, well-referenced, and conforms to APA style (7th).	Style of writing is hard to follow and poorly organized without focused introduction and conclusion. References are	Writing is sometimes hard to follow with some organization problems. References are limited and there are some errors in APA style.	Writing is generally clear and easy to follow. Paper is organized and most points are well articulated. Paper is appropriately referenced with very minimal APA errors.	Writing is exceptionally clear and easy to follows. Major points are well articulated and organization provides an excellent overview of the issues and conclusions. Paper

limited and there are significant errors in APA style.

is appropriately referenced with no APA errors.